KING COUNTY

Domestic Violence and Child Maltreatment
Coordinated Response Guideline 2010

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King County Domestic Violence and Child Maltreatment Coordinated Response Guideline

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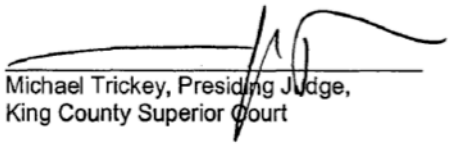

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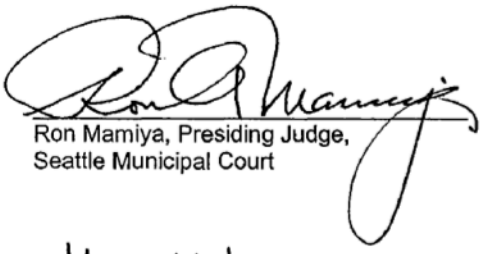

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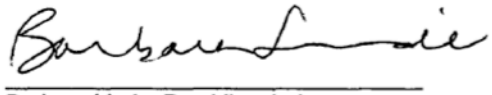

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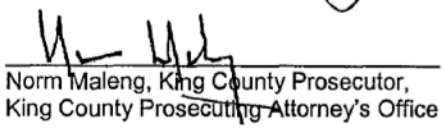

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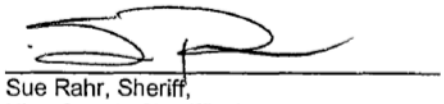

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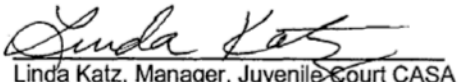

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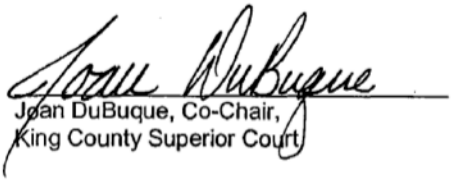

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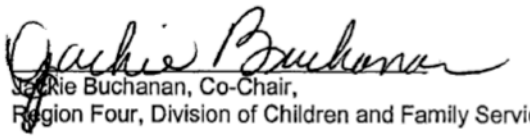

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Introduction

PROJECT BACKGROUND

Domestic violence (DV) and child maltreatment are public health issues that permeate every community in Washington State. Studies at the national and local levels have documented the co-occurrence of DV with child maltreatment. The National Family Violence Survey of 1985 revealed that 50% of the fathers who physically abused their partners three or more times in the year of the study had also physically abused their children three or more times that year.[1] Many families referred to Children's Administration (CA) Intake for child maltreatment concerns, also have identified DV concerns. With a study conducted on Washington State CA cases, researchers have estimated that 47% of the referrals accepted for CPS investigation have some indication of adult DV in the child's home.[2] The researchers also found that these CA Intake referrals, with DV indications, were more likely to be reported for emotional maltreatment, to have multiple types of abuse and neglect risk factors, to have higher rated risk factors, to have multiple prior CA Intake referrals, and were more likely to be substantiated for abuse and neglect. The increased risk of harm with co-occurring DV and child abuse was also identified in a 2002 retrospective study from children and youth in the Seattle Public School system. Children experiencing child abuse and DV exposure were at significantly greater risk for poor academic performance as compared to children who had DV exposure alone.[3]

In the most lethal forms of DV, children can witness a homicide in their home or may even be murdered themselves. The Washington State Coalition Against Domestic Violence reports that 42% of the women murdered by an intimate partner from January 1997 to June 2008 had children living with them. In 55% of these cases, children were in the home when the murder occurred, and in 42% of these cases the children witnessed their mother's murder. Of these, 14 children were murdered along with their mothers.[4]

Recognizing the overlap between cases involving DV and child maltreatment, Justice Bobbe Bridge, in 2002, initiated a statewide effort to develop and adopt coordinated systems response protocols. A statewide leadership group was formed and, over a two-year period, they developed a protocol template. The template, completed in September 2005, provided the framework and governing principles for each region in Washington State to develop a coordinated response protocol tailored to the needs and resources of each particular region. Signatories included the Washington State Supreme Court, Washington State Attorney General, Washington State Children's Administration (DSHS), Washington State Office of Public Defense, Washington State CASA and the Washington State Coalition Against Domestic Violence.

In addition to the statewide leadership network, five regional leadership teams, based on the regional divisions of the Washington State Department of Social and Health Services (DSHS), were established. A DSHS regional division map is located in **Appendix A**, and a DSHS organizational map is located in **Appendix B**. The five regional leadership teams were formed in 2004 and began the work of developing their region-specific coordinated response protocols.

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1 Straus, M.A. & Gelles, R.J. (1990). Physical violence in American families. New Brunswick, NJ: Transaction Publishers.

2 English, D., Edleson, J. & Herrick, M. (2005). Domestic violence in one state's child protective caseload: A study of differential case dispositions and outcomes. Children and Youth Services Review 27(2005), 1183- 1201.

3 Kernic, M, Holt, V., Wolf, M., McKnight, B., Huebner, C., Rivara, F. (2002). Academic and school health issues among children exposed to maternal intimate partner abuse. Archives Pediatric Medicine, 156, 549-555.

4 Washington State Coalition Against Domestic Violence (2008). Now that we know: Findings and recommendations from the Washington State Domestic Violence Fatality Review. Report available http://wscadv.org

The Region Four (King County) regional leadership group held an initial summit with its community stakeholders on September 16, 2005. Over 70 individuals, representing a broad cross section of those involved in DV and child maltreatment issues, attended the initial summit. At that time, the project was divided into 5 main workgroups: Agencies, Court Collaboration, Interventions, Services and Information Sharing. A member of the regional leadership team chaired each workgroup, and the workgroups met regularly over the course of the ensuing months to develop the contents of this Coordinated Response document. On February 21, 2006, the draft Coordinated Response document was presented to all of the participants from the September 16, 2005 summit and workgroups. The leadership team performed final editing of the Coordinated Response document. On March 18, 2007, the King County Domestic Violence and Child Maltreatment Coordinated Response Guideline was formally adopted and presented to the community at a public gathering attended by most of the signatories and community participants who developed the guideline.

King County is very fortunate to have such an active, interested and involved group of participants. This community is committed to taking a lead role in developing effective systems responses to DV and child maltreatment issues. Tremendous enthusiasm, interest, and energy have been devoted to this project and the development of a document that will be of assistance to the community at large. Work on this project has also opened up lines of communication, developed better understandings and renewed the dedication of the participants to work toward serving the best interests of children and their families who are affected by DV and child maltreatment.

This DV and child maltreatment coordinated response guideline is the result of over two years worth of effort by the leadership group, community participants and cooperating parties in Region Four, which is the entirety of King County. This response guideline aims to achieve safety for children and DV survivors as well as accountability for DV perpetrators to help ensure that the best interests of children are effectively protected.

This document reflects the beginning efforts to continue this coordination. The efforts of this project will be maintained through a King County Oversight Group to ensure that we continue to review the Coordinated Response document, continue to work on improving coordination among our systems, and continue to make changes and updates to the Coordinated Response document as needed.

PROJECT UPDATE
2010 REVISIONS TO THE GUIDELINES
AND ONGOING COMMUNITY COORDINATION

The King County DV and Child Maltreatment Coordinated Response Project Oversight Committee was formed in March 2007. Since then, the Committee, which meets quarterly, has taken a leadership role in providing training on the guideline and revising the guideline. Funded by the Washington State Gender and Justice Commission, the Oversight Committee commenced revising the guideline in August 2009, and finalized the revisions in May 2010. The resultant product is a collaborative effort and recognizes the importance of ongoing review and revision of the guideline as circumstances warrant. The commitment of the work group participants in continuing this project demonstrates the importance of addressing DV in our community.

Mission Statement

KING COUNTY DV AND CHILD MALTREATMENT COORDINATED RESPONSE MISSION STATEMENT

The purpose of this agreement is to provide guidelines for an effective, coordinated systems response in King County for children, birth through 17 years, affected by domestic violence (DV) and child abuse/neglect (CA/N). These guidelines help ensure that the actions of one agency do not compromise the goals of other agencies. In addition, the agreement serves to improve responses and services, increase the safety of children, support the non-offending DV survivors, and increase accountability for DV perpetrators. Primary participants are the judicial officers and other program staff in criminal and civil courts, law enforcement agencies of King County, the Office of the Prosecuting Attorney, the Washington State Attorney General, Public Defender Agencies, and the Washington State Department of Social and Health Services, Region Four, Children's Administration.

THIS MISSION STATEMENT OPERATES UNDER FIVE GUIDING PRINCIPLES

1. Child/youth-witnessing of DV shall not be considered child maltreatment per se. A thorough assessment should be conducted by the appropriate entity to determine the level of risk posed to the child/youth by the occurring DV.
2. It is generally in the best interest of the children to remain in the care of the non-abusive parent.
3. Increasing the safety, autonomy, and emotional well being of DV survivors generally leads to safer outcomes for children.
4. An individualized family response plan should be developed that will lead to increased safety for all members of the family.
5. Children and their families experiencing DV should be offered effective treatment and support resources. Developmentally appropriate and culturally relevant services should be provided.

COOPERATING AGENCIES

- King County Superior Court
- Court Appointed Special Advocate (CASA) Dependency Program
- Family Court Services
- Washington State Department of Social and Health Services, Region Four, Children's Administration (CA)
- King County Executive's Office, Department of Community and Human Services
- King County Office of the Prosecuting Attorney
- King County Sheriff's Office
- King County Coalition Against Domestic Violence
- Washington State Attorney General's Office (AG)
- Children's Hospital and Regional Medical Center
- Public Defender Agencies (SCRAP, ACA, TDA)
- Seattle City Attorney's Office

Glossary of Terms and Definitions

AAG
means an Assistant Attorney General

ACP
means the Address Confidentiality Program

AG
means the Attorney General's Office

BIP
means a Batterer's Intervention Program

Child abuse and/or neglect or **CA/N**
means "sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety, excluding conduct permitted under RCW 9A.16.100; or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. Under RCW. 26.44.020, an abused child is a child who has been subjected to child abuse or neglect."

Child negligent treatment or maltreatment
per RCW. 26.44.020 means "an act or failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety. When considering whether a clear and present danger exists, evidence of a parent's substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment. Poverty, homelessness, or exposure to DV as defined in RCW 26.50.010 that is perpetrated against someone other than the child do (does) not constitute negligent treatment or maltreatment in and of themselves (itself)."

Child Protection Team or **CPT**
means a case staffing team comprised of CA social workers and professional providers used by Children's Administration (CA). The CPT is utilized to assist in assessment of the need to place children in out-of-home care and to assist in the assessment of future risk of abuse and neglect to children. The CA office that has the case open for services conducts the CPT.

Child Protective Services or **CPS**
means the CA unit that conducts CA/N investigations. In January 2007 CPS was reorganized into two units: Child Protective Services and "Family Voluntary Services" which provides voluntary services to families with CA/N risks.

Child's risk of imminent harm
means "the significant possibility or likelihood a child will suffer serious physical or emotional harm in the near future" per Children's Administration Practices and Procedures Guide, Chapter 2000, Section 2200, B. Sufficiency Screen 4. In assessing risk of imminent harm, the overriding concern is a child's immediate safety.

Children's Administration or **CA**
means the division of the Washington State Department of Social and Health Services that provides CA Intake, Child Protective Services, Family Voluntary Services, Family Reconciliation Services, and Children and Family Welfare Services.

CA Intake
means the CA unit that creates reports of child abuse or neglect when people report an incident by telephone, fax or U. S. mail

Children and Family Welfare Services or **CFWS**
means the unit of CA serving children and families with legal structure. CFWS can include both out-of-home and in-home dependency cases

Court Appointed Special Advocate or **CASA**
acts as an advocate for a child involved in court proceedings. The CASA dependency program provides child advocates for children in dependency cases. The CASA family law program provides child advocates for children in disputed custody cases in family court.

Dependent Child
means any child who has been abandoned, abused, or neglected as defined in RCW 26.44.010 et seq by a person legally responsible for the care of the child or who has no parent, guardian or custodian capable of adequately caring for the child such that the child is in circumstances that constitute a danger of substantial damage to the child's psychological or physical development. Once a dependency action is filed pursuant to Title 13.34 RCW, the court determines whether a child should be found to be dependent.

Dependency
means the legal action file in juvenile court to determine whether a child is dependent and in need of state intervention and/or services.

Domestic Violence or **DV**
a behavioral definition of DV is "a pattern of assaultive and coercive behaviors, including physical, sexual and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners." [5]

Domestic Violence or **DV**
the legal definition as stated in RCW 26.50.010 means: (a) physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, bodily injury or assault, between family or household members; (b) sexual assault of one family or household member by another; or (c) stalking as defined in RCW 9A.46.110 of one family or household member by another family or household member.

Family or household members
means spouses, former spouses, persons who have a child in common regardless of whether they have been married or have lived together at any time, adult persons related by blood or marriage, adult persons who are presently residing together or who have resided together in the past, persons sixteen years of age or older who are presently residing together or who have resided together in the past and who have or have had a dating relationship, persons sixteen years of age or older with whom a person sixteen years of age or older has or has had a dating relationship, and persons who have a biological or legal parent-child relationship, including stepparents and stepchildren and grandparents and grandchildren.

Dating relationship
means a social relationship of a romantic nature. Factors that the court may consider in making this determination include: (a) the length of time the relationship has existed; (b) the nature of the relationship; and (c) the frequency of interaction between the parties.

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5 Washington State Gender and Justice Commission (2002). Domestic Violence Manual for Judges.

Domestic Violence Abused Women's Network or **DAWN**
means a provider of community-based DV survivors' services

Domestic Violence Advocate
is a general term. Types of advocacy work vary depending on an advocate's role and function with DV survivors and children. Types of DV advocates include the following:

- **Community-based DV advocate**

means a DV advocate employed by a non-profit DV survivor services agency to provide crisis intervention, DV education, information, and safety planning. Advocates also refer to community resources or help DV survivors access legal, financial, housing, health, counseling, and other services and supports.

- **Community-based DV children's advocate**

means a DV advocate employed by a non-profit DV survivor services agency to provide a range of supportive services to children affected by DV, and parenting support to DV survivors.

- **Community-based DV legal advocate**

means a DV advocate employed by a non-profit DV survivor services agency to provide civil and criminal legal education and assistance, but not representation, to DV survivors.

- **Sexual assault advocate**

means an employee or volunteer from a rape crisis center, victim assistance unit, program, or association that provides information, medical or legal advocacy, counseling, or support to survivors of sexual assault. The sexual assault advocate is designated by the survivor to accompany the survivor to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.

- **System-based DV advocate**

means a DV advocate employed by a prosecutor's office, police department, or court.

DV Batterer or **DV Perpetrator**
means the person who uses a pattern of assaultive and coercive behaviors including physical, sexual and psychological attacks, as well as economic coercion with their intimate partner.

DV Survivor
means the person who is abused by their intimate partner.

DSHS
means the Washington State Department of Social and Health Services

DSHS/CA
means the Washington State Department of Social and Health Services/ Children's Administration

DSHS/CA/DLR
means the Washington State Department of Social and Health Services/ Children's Administration, Division of Licensed Resources

DVPA
means Domestic Violence Protection Act

Domestic Violence Protection Order or **DVPO**
means a DV protection order, an order issued in civil cases, as described by RCW 26.50. Such orders are to people who are experiencing physical violence, threats of physical violence, which create a fear

imminent harm, sexual assault or acts of stalking perpetrated by a family or household member. Although a protection order is a civil order, a violation of the restraint provisions of the order may result in the filing of criminal charges. The order can restrain the abusive family member from committing acts of harm, contacting the victim and or minor children, and from coming to the home, school, workplace, daycare, or other designated location. With the passage of ESHB 2777, effective 6/10/10, a DVPO can restrain the respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in RCW 9.61.260, and using telephonic, audiovisual, or other electronic means to monitor the actions, location, or communication of a victim of DV, the victim's children, or members of the victim's household. For the purposes of this subsection, "communication" includes both "wire communication" and "electronic communication" as defined in RCW 9.73.260.

Eastside Domestic Violence Program or **EDVP**
means a provider of community-based DV survivors' services

Family Court Services or **FCS**
means the program in King County Superior Court that conducts DV assessments, risk assessments, and parenting plan evaluations for family law cases.

Family Team Decision Making Meeting or **FTDM**
means a meeting with CA family and their support network concerning safety and case planning decisions for a child, decisions to place a child outside the home, or decisions to return a child home

GAL
means a Guardian Ad Litem

Judicial Access Browser System or **JABS**
is a WEB based application for Superior Court and limited jurisdiction court sharing of case and order history.

Judicial Information System or **JIS**
means the primary information system for Washington courts. JIS maintains a statewide network and provides statewide information sharing of personal information for criminal, domestic cases, and DV cases, including protection order information and individual criminal history information.

KCPAO SAU
means the King County Prosecuting Attorney's Office Special Assault Unit

KCSO SAU
means the King County Sheriff's Office Special Assault Unit

LE
means Law Enforcement

Licensed facility
means any foster homes, group homes, family day care homes, child care centers, crisis residential centers, and secured crisis residential centers that are licensed or certified by DSHS Children's Administration or Washington State Department of Early Learning.

LFLR
means Local Family Law Rule.

Mandated reporter for child abuse or neglect
means any person as specified by RCW 26.44.030, who has reasonable cause to believe a child has suffered abuse or neglect. Such a person must report the incident, or cause a report to be made, to the

proper law enforcement agency or to DSHS CA. The report is to be made at the first opportunity and in no case longer than 48 hours after there is reasonable cause to believe the child has suffered abuse or neglect.

New Beginnings
means a provider of community-based DV survivors' services

No contact order or **NCO**
means a criminal order issued by a municipal, district, or superior court judge under RCW 10.99 and 26.50 to forbid or limit contact by criminal defendants with victims and witnesses of DV. A no contact order is different than a civil order such as a protection order, restraining order, or anti-harassment order. A no contact order is issued after a criminal defendant is held in custody on probable cause or criminal charges have been filed by a city attorney or county prosecutor for a DV offense. Such an order is requested by a city attorney or county prosecutor to protect the safety of victims or witnesses.

Office of the Family and Children's Ombudsman or **OFCO**
means the Washington State agency that investigates complaints about agency actions or inaction for children or parents involved in Children's Administration Services or for any child at risk of CA/N. The Legislature also empowers the Ombudsman to recommend changes for improving the child protection and child welfare system.

Protection order advocates
means an advocate employed by a prosecutor's office or court to assist petitioners in filing protection orders.

Restraining order
means a civil order granted in connection with a pending family law or juvenile court proceeding, as specified in RCW 26.09, RCW 26.10, RCW 26.26, RCW 26.44, which restricts the person restrained from certain types of behavior, including molesting or disturbing the peace of a party or a child, from coming to the workplace, residence, school, daycare or other specified locations where the protected person(s) may be, from removing a child from the jurisdiction of the court or from the residential care of a named custodian or parent, or being within a specified distance of the protected person(s). A violation of the above types of restraint provisions may subject the violator to arrest and criminal charges and/or a contempt hearing. Each statute should be specifically consulted as the range of available restraints may vary. These restraining orders may be modified or revoked. These restraining orders generally terminate upon the dismissal of the family law or juvenile court proceeding and/or upon entry of a final decree.

Sufficiency Screen
means the screening tool used by DSHS CA to determine if there is sufficient information to warrant a LE or CPS investigation.

Third party offender
means an offender who is not a parent, guardian, or legal custodian.

UFC
means Unified Family Court.

Vulnerable Adult
means as specified by RCW 74.34.020, a person that is frail, elderly, or is an incapacitated adult who is sixty years of age or older and who has the functional, mental, or physical inability to care for himself or herself; or is found "incapacitated" under chapter 11.88 RCW; or who has a developmental disability as defined under RCW 71A.10.020.

Section 1:

Mandated Reporting of Child Abuse/Neglect (CA/N) to Law Enforcement (LE) and Children's Administration (CA)

INTRODUCTION

Throughout the justice, Law Enforcement (LE), child welfare, social service, medical, mental health and educational systems, individuals in certain positions are required by state law to report known or suspected child abuse and neglect (CA/N). Under state law RCW 26.44.020, exposure to domestic violence (DV) that is perpetrated against someone, other than the child, does not in and of itself constitute child maltreatment or negligent treatment. The legislative intent was to prevent agencies and the court from the precipitous removal of children from their homes when, by following principles of supporting DV survivors' safety and DV perpetrators' accountability, children can be safely left in the care of DV survivors. This section outlines the scope of those mandatory reporting laws, defines who is a mandatory reporter, and describes Children's Administration (CA) Intake referral guidelines in DV cases.

I. MANDATED REPORTING AND PURPOSE

The purpose of mandated reporting laws is to protect abused or neglected children who may be unable to protect themselves.

A. All providers represented in this guideline are mandated to report any unreported incidents or suspected incidents of CA/N. This includes employees of the Department of Social and Health Services (DSHS), CA, Assistant Attorney General's Office (AG), DV advocacy programs, LE, health care, prosecutor's office, Family Court Services (FCS), Batterer's Intervention Program (BIP) specialists and Court Appointed Special Advocates (CASA).

B. Mandated reporters are "any practitioner, county coroner or medical examiner, LE officer, professional school personnel, registered or licensed nurse, social service counselor, psychologist, pharmacist, licensed or certified child care providers or their employees, employee of the department, juvenile probation officer, placement and liaison specialist, responsible living skills program staff, HOPE center staff, or state family and children's ombudsman or any volunteer in the ombudsman's office has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper LE agency or the department as provided in RCW 26.44.040 and RCW 26.44.030."

C. When considering whether or not to make CA/N referrals for children exposed to DV, it is important to remember that exposure to DV in and of itself does not constitute negligent treatment or maltreatment of children. With DV exposures to children, mandated reports should assess for maltreatment of the children. When making CA/N reports, mandated reporters should report details about the DV including who the DV batterer is, so that batterer becomes the subject of the CA/N investigation, and is appropriately assessed during investigations. This is critical so that batterers, not DV survivors, are held responsible and accountable for exposing children to DV.

D. Failure to report known or suspected CA/N is a gross misdemeanor and can be a violation of professional licensure.

E. If an agency or provider has any question regarding their status as a mandated reporter, they can and should contact CA for clarification.

F. This mandated reporting requirement is one of the exceptions to both privilege and confidentiality in the rules of information sharing.

II. MANDATED REPORTING PROCEDURES

(Refer to **Appendix C** for CA Intake reporting numbers and recommendations for CA/N reporting in DV cases)

A. LE should be notified by a 911 call when there are life-threatening events, emergency circumstances, or serious crimes committed against children where an immediate response is required. These circumstances include the following:

1. Death of children.
2. Children who are seriously injured and require medical assessment and treatment due to CA/N
3. Children who are sexual abuse victims.
4. Children at risk of ***imminent harm*** from dangerous circumstances, such as
   a. Family member has a gun and is threatening to kill their family member, or
   b. Parent is intoxicated and is operating a car with their child as a passenger.
5. Children are at risk of imminent harm from caregivers' neglectful behaviors, such as
   a. Starving a child,
   b. Withholding medical treatment for a life threatening medical condition,
   c. Allowing physical hazards to be present in the child's environment that can seriously injure the child, or
   d. Failing to provide adequate supervision of a young child under the age of five, a developmentally disabled child, or a medically fragile child left alone without adult supervision or left with unsafe caregivers.

B. **CA/N Reports to CA Intake:** Reports should be made whenever a person has reasonable cause to believe that a child has been harmed or is at imminent risk of harm from CA/N.

1. Per RCW 26.44.020, referrals should be made to CA Intake when there are allegations of "**negligent treatment**" of children for an act or failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety.
   a. When considering whether a clear and present danger exists, evidence of a parent's substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight;
   b. The fact that siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment; and,
   c. "Poverty, homelessness, or exposure to DV, as defined in RCW 26.50.010 that is perpetrated against someone other than the child, does (does) not constitute negligent treatment or maltreatment in and of themselves (itself).

2. Referrals to CA Intake should be made in cases where there are allegations of "**child abuse**," which is defined as "incidents of sexual abuse, sexual exploitation, or injury of a child by any

person under circumstances, which cause harm to the child's health, welfare, or safety, excluding conduct permitted under RCW 9A.16.100."

3. Referrals to CA Intake should be made in cases where there is a "**risk of imminent harm**." This is defined as "having the potential to occur at any moment, or that there is a substantial likelihood that harm will be experienced" (CA social workers refer to CA Practices and Procedures Guide, Chapter 2000, Section 2200, B. Sufficiency Screen 4). In assessing risk of imminent harm, the overriding concern is a child's immediate safety.

C. When making a CA Intake report, a mandated reporter should alert CA Intake that the referral involves DV and precautions may be needed to ensure the safety of the adult DV survivors and their children.

D. Under Washington's mandated reporting laws, the report is to be made at the first opportunity but no later than 48 hours after there is reasonable cause to believe the child has suffered abuse or neglect. The following information, if known, must be provided when making a report of suspected child abuse or neglect:

1. Name, address and age of the child;
2. Name and address of the child's parents, stepparents, or person having custody of the child;
3. Nature and extent of the alleged injury or injuries, neglect or sexual abuse;
4. Any evidence of previous injuries, including their nature and extent; and
5. Any other information that may be helpful in establishing the cause of the child's injuries or alleged perpetrator(s).

E. Mandated Reporter Identification for CA/N Reporting

1. CA Intake social workers should make reasonable efforts to learn the name, address and telephone number of each person making mandated CA reports.
2. The department shall provide assurances of appropriate confidentiality of the identification of persons reporting under this section. If the department is unable to learn the information required under this subsection, the department shall only investigate cases in which the following occur:
   a. The department believes there is a serious threat of substantial harm to the child;
   b. The report indicates conduct involving a criminal offense that has, or is about to occur to a child victim; or
   c. The department has a prior founded abuse or neglect finding with regard to a member of the household that is within three years of the receipt of the report.

3. CA Intake social workers must provide the following information to the referrer (Refer to CA Practice and Procedures Guide section 2220 (A2)):
   a. Tell individuals making referrals that, if requested, CA will not reveal a referrer's name during the investigation.
   b. Inform the referrer that CA may disclose the name of any referrer for four reasons:
      i. Court testimony,
      ii. Fair hearing procedures,
      iii. Criminal investigations by LE including malicious reporting, or
      iv. Court ordered disclosure.

4. A mandatory reporter is required to report suspected CA/N or "cause a report to be made"
   a. When making a referral to CA Intake, agencies may designate a point person to meet the mandatory reporting requirements.
   b. The point person making the referral must give their legal name and provide contact information regarding where they received the information. This information is required, as CA and LE may need to contact this person for additional information.

c. The person providing the information for the referral may use a fictitious name for personal safety reasons.

F. Other Duties of Mandated Reporters: In addition to mandated CA/N reporting duties, mandated reporters shall perform four duties:

1. Respond to subpoenas,
2. Appear in court for testimony,
3. Cooperate with CA social workers and LE personnel who are investigating reports of CA/N, and
4. Share "relevant records" of the child, in the possession of mandated reporters and their employees, with CA investigators or LE agency, per RCW 26.44.030.
   a. Washington State statute is not clear in defining what is considered relevant records, and this remains a subject of discussion. Mandated reporters should follow their agency release of information policies.
   b. It is important to note that many community-based DV programs do not keep records on children living in DV housing programs.

G. CA/N Reporting Follow Up for Mandated Reporters: When making CA/N reports mandated reporters could ask for the following information to coordinate services for the family:

1. **911 Operator**
   a. The 911 operator number,
   b. The incident/computer number, and
   c. The response to the 911 report.

2. **CA Intake**
   a. The CA Intake social worker's name,
   b. The name of the CA Intake social worker's supervisor, and
   c. The CA Intake screening decision. If the screening decision is unknown at the time of the call, the mandated reporter can call back within 4 hours to learn of the decision. If the case is accepted for investigation, the mandated reporter can ask to have the CPS investigative social worker call them.

3. **LE investigation unit**
   a. The name of the officer,
   b. The name of their supervisor,
   c. The case number,
   d. The criminal charge, if the case was filed, and
   e. The case status by calling the Sergeant/supervisor of the responding unit.

H. Mandated Reporting Considerations for Community-Based DV Programs

1. Employees of DV programs are mandated reporters as defined by RCW 26.44.030, and they have a duty to make a report to LE or CA Intake when they have reasonable cause to believe a child has suffered CA/N.
2. Best practice for DV program staff reporting CA/N is to make reasonable efforts to inform the DV survivor of the LE or CA Intake report.
3. To maintain confidentiality of the DV housing program location, the staff should request that CA Intake record the program's address as "confidential DV housing program" in all their reports and official documents.
4. DV Program staff should take steps to protect the privacy and safety of the persons affected by the release of the information. For example, when disclosing a client's contact

information, request that the information not be re-disclosed without the client's permission.

5. In order to better advocate for the client and to coordinate services, it may be useful to have the client sign a release of information for CA and/or LE.

III. CA COORDINATION WITH LE FOR EMERGENT CA/N CIRCUMSTANCES

A. LE Calls for Checks on Children's Welfare: In emergency circumstances, when a child has been abused or at risk of imminent harm, CA may call LE to assess the status of the child, and to ***check on the children's welfare***.

1. As required by RCW 26.44.030, when CA receives a report of an incident of alleged abuse or neglect involving a child who has died, has had physical injury or injuries inflicted upon him or her other than by accidental means, or has been subjected to alleged sexual abuse, a report shall be made to the proper LE agency. In emergency cases, where the child's welfare is endangered, CA must notify the proper LE agency within 24 hours. In all other cases, CA must notify the LE agency within 72 hours.
2. If LE has information that the child is residing in a community-based DV shelter/transitional housing program, LE will ask to enter the facility to complete a check on children's welfare. Community-based DV shelter and transitional housing programs should have clear procedures in place on how to coordinate with LE for these emergency responses.

B. LE Calls for Protective Custody: CA may determine there is a need for the urgent removal of a child in circumstances where a child is at "risk of imminent harm." This means the children are at immediate risk of serious abuse, or neglect; have been seriously abused or neglected; or have been abandoned by their caretaker. LE is called to determine if children need protective custody.

1. CA does not have the authority to remove children from their caregivers and place into protective custody. LE is the only entity that can determine the need for protective custody, and can take a child into protective custody.
2. A LE officer may take, or cause to be taken, a child into custody without a court order if there is probable cause to believe that the child is abused or neglected, and that the child would be injured, or could not be taken into custody if it were necessary to first obtain a court order pursuant to RCW 13.34.050 and RCW 26.44.050.
3. When CA calls LE to place a child in protective custody, LE may come to the location of the children, including community-based DV shelter/transitional housing programs. LE would assess the situation and determine if the child needs to be removed from the caregiver/housing program.
4. Once LE determines the need to remove a child, LE would take children into protective custody and release the child to CA for placement.
5. LE can also determine if a family member or another responsible adult can be contacted to take care of the child.
6. When it is necessary for LE to respond to protective custody situations in community-based DV housing programs, best practice is to minimize trauma to the affected family members and other housing residents. It is important to coordinate LE responses with the program staff and meet with the child and parent in a private confidential setting away from the other housing residents.
7. To maintain confidentiality of the community-based DV housing program location, the staff should request that the responding LE officer list their address as "confidential DV housing program" in all their reports and official documents.
8. At times, batterers may call 911 to report false allegations in order to determine the location of children. LE should use caution if the reporting party requests a call back regarding the status of such resident. LE should not confirm the identity, location, or status of a DV housing program resident.

Section Two:

Agencies Roles, Responsibilities and Coordination

INTRODUCTION

In developing a coordinated community response to DV, child maltreatment, and child exposure to DV, it is important that the role and responsibilities of each agency involved are clearly described and outlined. The purpose of this section is to describe the general roles and policies of each agency, and how each agency operates and/or investigates DV cases.

I. ROLE OF CHILDREN'S ADMINISTRATION (CA), AND CHILD PROTECTIVE SERVICES (CPS)

A. Goal of CA, Child Protective Services (CPS): The goal of CPS is to protect children from child abuse and/or neglect while preserving the family's integrity, and cultural and ethnic identity to the maximum extent possible, consistent with the safety and permanency needs of the children. CPS is a program of CA and is available on a 24-hour basis in all geographic areas of Washington State. The purposes of CA/CPS are outlined below.

1. Receive and assess referrals from the community alleging child abuse and neglect (CA/N), which includes child maltreatment.
2. Assess risk of future abuse or neglect to children through the following steps:
   a. Investigate referrals alleging CA/N or the risk of CA/N.
   b. Determine the existence of CA/N.
   c. Assess risk of abuse and neglect to children by performing a comprehensive assessment, using the risk-assessment model.
3. Provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing CA/N.
4. Develop culturally responsive case plans which address the following:
   a. Prevent or remedy CA/N in the shortest reasonable time,
   b. Prevent or reduce the need for out-of-home placement, and
   c. Provide a safe and permanent home for a child.

B. CA Intake Social Workers:

1. Provide telephone services, 24 hours/7 days a week, to persons who do the following:

   a. Report allegations of CA/N,
   b. Wish to request voluntary child placement services,
   c. Wish to request Family Reconciliation Services/other CA programs, or
   d. Report CA/N within licensed facilities.

2. CA Intake social workers provide assessment and triage for CA/N and may link callers with community resources.

C. CA Intake Sufficiency Screening Questions: The sufficiency screen determines whether or not a CA Intake screens in for CA services. There must be "yes" answers to the three following questions for CA to accept the referral for CA services:

1. **Is the victim under 18 years of age?**
2. **If the allegation were true, does the allegation minimally meet the Washington Administrative Code CA/N definition?**
3. **Does the alleged subject have the role of parent/caregiver, or is *acting in loco parentis* (in the place of the parent), or the role of the alleged subject is unknown?**

D. CA Intake "Risk Only" Referrals: This is an additional way that a CA Intake can screen referrals in for CA services. With "Risk Only" referrals, there are no subjects and victims identified with the referral. CA completes an investigation, but does not make CA/N findings. Of the sufficiency screen questions in section C above, if one and three are answered "yes" and two is answered "no", but there are risk factors that place a child at imminent risk of serious harm, the intake will screen as Risk Only. In assessing imminent risk of serious harm, the overriding concern is a child's immediate safety.

1. **Imminent risk of harm** is defined as having the potential to occur at any moment, or that there is a substantial likelihood that harm will be experienced.
2. **Risk of Serious harm** is defined as a high likelihood of a child being abused or experiencing negligent treatment or maltreatment that could result in one or more of the following outcomes:
   a. Death,
   b. Life endangering illness,
   c. Injury requiring medical attention, or
   d. Substantial risk of injury to children's physical, emotional, and/or cognitive development.

E. CA Intake DV Identification and Risk Assessment: There is a high co-occurrence of DV in case of CA/N; however, a child's exposure to DV in and of itself does not constitute child maltreatment. DV exposures that result in physical harm or put children in clear and present danger constitute child maltreatment.

1. In order to assess whether or not a child is in clear and present danger from DV, CA Intake staff must complete the universal DV screening question: "**Has anyone used or threatened to use physical force against and adult in the home?**" If intake learns that anyone used or threatened to use physical force against an adult in the home, intake will complete the remaining DV questions:
   a. **"Was the child assaulted, injured, or threatened during the DV incident(s)?"**
   b. **"Was the child in danger of physical harm during the DV incident(s)? For example, was the child being held while the DV perpetrator attacked the DV survivor, or did the child attempt to stop a DV assault?"**
   c. **"Was the child's parent or caretaker killed by the DV perpetrator?"**
   d. **"Was the child's parent or caretaker harmed or incapacitated by the DV perpetrator to such an extent that they are unable to meet the needs of their children?"**

2. CA Intake staff will also inquire and document who did what to whom during DV incidents in the Additional Risk Factors Section. CA Intake staff must give the following risk factors an exceptional consideration when present:
   a. Perpetrator's suicide attempts/threats,
   b. Perpetrator's threats or attempts to kill adults/children,
   c. Perpetrator's display, threat or use of fire-arms or other deadly weapons, and
   d. Evidence of Perpetrator's untreated psychosis or other mental health disorder.

3. If a CA Intake referral has indications of DV, but there are not indications of CA/N or a clear and present danger of harm to the children, the CA Intake staff will document the DV information, screen out the intake referral, and not refer further CA action.
4. When possible, CA Intake staff will offer the referrers on all intakes involving DV, the following resources:
   a. The statewide DV Hotline telephone number **1-800-562-6025 V/TTY**, which is a resource for DV survivors, as well as their friends, neighbors and family members;
   b. The statewide DV website: http://www.wavawnet.org/; and
   c. Available local DV community resources such as DV crisis lines, emergency shelter programs, and child care resources.

F. CA Intake Referral Response: If CA Intake screens in for CA services, a response time is applied as follows:

1. For emergent CA/N referrals, CPS investigators have up to 24 hours from the date and time of the report to see CA/N victims and investigate the CA Intake referral concerns.
2. For non-emergent referrals, CPS investigators see CA/N victims within 72 hours from the date and time of the referral and investigate the CA Intake referral concerns.
3. For alternate intervention referrals, there are the following response options:

   a. Referral to Early Family Support Services for Public Health Nursing/other community service, or
   b. A phone call and/or letter to the family.

G. CA Referrals to Law Enforcement (LE) for Mandatory Criminal Referrals: Referrals that pass the CA sufficiency screen, which also fall within the criteria for a mandatory report to LE, will be investigated by both CA and LE. As required by RCW 26.44.030, "the department, upon receiving a report of an incident of alleged abuse or neglect pursuant to this chapter, involving a child who has died or has had physical injury or injuries inflicted upon him or her other than by accidental means or who has been subjected to alleged sexual abuse, shall report such incident to the proper law enforcement agency."

H. Other CA Intake Decisions:

1. **Information Only**: CA Intakes that fail to pass the CA sufficiency screen for CA services and do not meet the criteria for a mandatory referral report to LE. Information only referrals are not investigated by either CA or LE, but are recorded by CA for information purposes only.
2. **Third Party Offender**: CA Intakes that meet the criteria for a mandatory referral report to LE, where the perpetrator is a third party offender by definition. Third party offender intakes shall be reported to LE for investigation; however, if the caregiver is failing to protect the child from the perpetrator, a parallel CA referral is generated.
3. **Other CA Services**: CA Intakes for voluntary services requests, reports of childcare licensing violations, or other matters.

I. CA/CPS investigations for DV Indicated Referrals:

1. All persons including children, caregivers, and alleged perpetrators must be interviewed separately.
2. The CA social worker must assess the danger posed to children and adult DV survivors by the alleged DV perpetrator by completing the specialized DV questions in the CA Safety Assessment tool.
3. The following areas should be addressed by the CA social worker when DV is identified:

a. **How does the DV perpetrator's behavior toward the adult victim impact the ability of the family to address issues of concern for the children?**
b. **How can CA work with the family to minimize the DV perpetrator's ability and choice to control and abuse their intimate partner?**
c. **How can CA increase the safety for the DV survivor and their children?**

4. The CA social worker should do the following:

a. Hold the DV perpetrator accountable and make CA/N findings as to that person,
b. Refer DV perpetrators to state-certified Batterer's Intervention Programs and never to anger management programs,
c. Be compassionate and non-judgmental of DV survivors,
d. Collaborate with DV survivors on safety planning and service planning. All considerations for protection orders should be a shared decision process with DV survivors, and
e. Refer and link to appropriate DV resources and services.

J. Ongoing Case Management:

1. The CA social worker shall achieve one of three outcomes for CA/CPS investigations:
   a. Closure of the case,
   b. A written voluntary service agreement with the family signed by the participants, or
   c. A dependency action filed by juvenile court.

2. CA/CPS will remain involved as long as necessary to complete its investigation and to ensure the safety of children.
   a. This may entail out of home placement of the children by a voluntary placement agreement with the parents or the filing of a dependency petition by CA in juvenile court.
   b. In cases where there is a protective DV survivor, CA/CPS may close the case once protective measures have been assured through criminal proceedings, family law department action, orders of protection, or other means.

II. ROLE OF LAW ENFORCEMENT (LE)

A. **LE's Roles**:

1. Determine if a crime occurred,
2. Identify criminal suspects,
3. Gather all pertinent facts and information,
4. Prepare the case for presentation and review by the Prosecutor's Office,
5. Notify CA Intake whenever a child is a suspected victim of CA/N, and
6. Assess the need for removal of a child. If removal is required, determine placement with notice to and/or consultation with CA.

B. **LE's response to 911 DV calls**: LE responds to calls and investigates. LE makes a determination whether a crime has been or is being committed and whether LE action is needed. The following are guidelines for responding to DV scenes where children are present:

1. Identify any children that are present at the DV scene (see **Appendix C** for Children & DV Checklist Law Enforcement Investigation Guidelines).

2. Determine where the children were and what happened to the children during the DV incident.
3. Evaluate safety risks posed to the child and if there is any evidence of CA/N.
4. Identify if children were a victim or witness of the DV incident.
5. Determine if emergency medical evaluation is needed for identified child injuries.
6. Identify if there is a need to place children in protective custody.
7. Determine if CA Intake should be notified, if a CA referral is required, or if no CA action is needed.
8. Document what has happened to children and any physical evidence (see **Appendix D** for DV supplemental form).
9. Follow the particular LE agency policy/procedures.
10. Provide information on rights under state law and available DV resources to DV survivor and witness.
11. Forward reports to appropriate city or county prosecuting agency on criminal cases.
12. Notify supervisors about very serious DV incidents and reports.
13. Determine if case assignment to a detective is needed by forwarding case reports to the supervising officer.
14. Determine if there is a need for a child interview specialist by follow up detectives or per department policy and procedure.

C. **Child Abuse and/or Neglect (CA/N) Investigations Involving LE and CA**:

1. LE and CA are entitled to access all relevant records in the possession of other mandated reporters and their employees per RCW 26.44.030.
2. LE and CA must share information regarding CA/N per RCW 26.44.030.
3. In cases where LE has investigated CA/N, a report is forwarded to CA Intake. Copies of LE case report and all relevant related records are provided to CA per RCW 26.44.030. CA reviews the LE report and determines if the family should be opened for CPS investigation. For these cases, CA assesses safety, does a safety plan and an investigation, makes a finding, determines risk, and offers services if necessary.
4. If there is a possible criminal case, LE takes the lead, requests CA social worker stand-by, and immediately contacts CA social worker to coordinate the investigation.
5. LE conduct interviews, gather evidence, determine whether there is a need for removal, remove children if required, and determine placement of children in partnership with CA. LE may interview the person making the report per RCW 26.44.030.
6. LE and CA may photograph the children RCW 26.44.050.
7. LE and CA should refer to the King County Special Assault Network Protocol, which cautions against multiple children interviews and encourages a joint interviewing process. Also refer to individual LE agency policy and procedure manuals for this inquiry.
8. LE shall submit case reports to appropriate prosecuting attorney's office, or submit report per department policy and procedure for additional LE follow-up investigation and forwarding to the prosecuting attorney's office. Cases must be forwarded to the appropriate prosecuting attorney's office for review, whether charges are requested or not as required by RCW 26.44.030 statutory reporting requirements for CA/N.
9. Primary concern of LE and CA is the protection of the children.

III. ROLE OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT ADVOCATES:

A. **Overview of Advocates**: King County is fortunate to have an extensive regional array of services for DV and sexual assault survivors that is seen as a model in the nation. Advocates address the rights, needs, and safety of DV survivors and their children. They provide a variety of services including support, safety planning, information, resources, and appropriate referrals to community services. Their specific roles and functions are dependent upon where they are

employed. It is recommended to ask an advocate about their roles, limitations, and confidentially constraints in order to establish a good working relationship.

1. **Community-based DV advocates** are employed mainly by non-profit agencies in locations throughout King County. They provide voluntary and confidential services to DV and sexual assault survivors, which may include crisis intervention, emergency shelter, transitional housing, and other programs. The function of a community-based DV advocate's role may vary from one community agency to another.
2. **Systems-based DV advocates** may be employed by prosecution agencies, LE agencies, Department of Corrections, or cities. They provide advocacy services to DV survivors who are involved in the legal system. They may provide education about court processes, accompany DV survivors in court, and make referrals to community services. Their specific role varies by their employer. Information that DV survivors discuss with systems-based advocates may be recorded in court records and documents. The following subsections further describe the roles and functions of advocates.

B. **Community-Based DV and Sexual Assault Advocates Roles and Services**: Community-based DV advocates work with adult and teen DV survivors. Some advocates have specialized training and work with sexual assault survivors. Some advocates have specialized training to support and advocate for the legal needs of DV survivors. There are also children's advocates, who primarily support and advocate for children affected by DV. Communications with community-based DV advocates, CA and other agencies are limited through DV confidentiality and privileged communication laws (refer to Section Three: Information Sharing). This is needed to best protect the safety and well being of DV survivors and their children. Their communications with DV survivors and records cannot be released without a release of information or a valid court order. Many of the community-based DV agencies and advocates' addresses are confidential. The following describes the roles and functions of community-based advocates.

1. **Community-Based DV Advocates**: Community-based DV advocates are employed by community-based DV survivor service agencies. Community-based DV advocates roles and services are as follows:

    a. Work with any DV survivor who requests services, including survivors who are defendants in criminal cases.
    b. Provide voluntary advocacy services when requested by DV survivors.
    c. Have a strong belief in survivor self-determination, and tailor services based on what the client or their children identify as needs.
    d. Provide advocacy-based counseling to DV survivors including DV education, support, information, referral to resources, and safety planning. DV advocates do not have an evaluative or monitoring role with DV survivors and their children.
    e. Offer support groups, and a 24 hour crisis line.
    f. Provide specialized services for children and teens.
    g. Assist survivors in accessing resources and services they need, such as housing, financial assistance, employment training, childcare, counseling, and legal assistance.
    h. Provide community education, outreach and professional trainings on DV.
    i. Collaborate with legal, medical, LE, social service and health agencies, and participate in relevant community task forces and social change committees.

2. **Community-Based Sexual Assault Advocates**: Sexual assault advocates are an employee or volunteer from a rape crisis center or a victim assistance unit that provides information, medical or legal advocacy, counseling, or support to sexual assault survivors. Sexual assault advocates may be designated by survivors to accompany them to hospitals, health care facilities, or legal proceedings concerning the alleged assault. Sexual assault advocates may disclose confidential communications without the consent of survivors if there is a clear

imminent risk of injury or death to survivors or other persons that would occur if the information were not disclosed per RCW 5.60.060(7), Any sexual assault advocate acting in good faith with such disclosures shall have immunity from civil, criminal, or other liability that might result from the disclosure.

3. **Community-Based Legal DV Advocates**: Community-based legal DV advocates are employed by community-based DV survivor services agencies. They have the same confidentiality and privileged communications as community-based DV advocates. Community-based legal DV advocates roles and services are as follows:
   a. Have the same roles as community-based advocates, and in addition have expertise in DV civil/criminal legal issues.
   b. Provide support, legal information, and referrals for civil/legal services. DV legal advocates cannot provide legal representation or advice.
   c. Assist DV survivors with protection order process, and accompany DV survivors to legal appointments and court hearings.
   d. Organize legal information sessions for DV survivors.
   e. Coordinate and collaborate with various legal and criminal justice system entities, and advocates on behalf of client.

4. **Community-Based Children's DV Advocates**: Community-based children's DV advocates are employed by DV survivor service agencies. They have the same confidentiality and privileged communications as community-based DV advocates. Information shared to children's DV advocates is held confidential and cannot be disclosed unless it relates to the overall well-being of children, or when children reveal risks of being hurt, or when children are hurting themselves or others. Community-based children's DV advocates roles and services are as follows:
   a. Have roles similar to community-based DV advocates, but is more focused on supporting and advocating for children's emotional needs and well being, while providing support to their parents.
   b. Provide children's groups centered on safety, peaceful activities, education, identifying and sharing emotions, and supporting self-esteem.
   c. Provide childcare, community resources for children, and parenting resources.
   d. Coordinate and collaborate with schools, daycare programs, children's DV support groups, and services affiliated with DV programs throughout the county.

C. **Systems-Based DV Advocates**: Systems-based DV advocates are employed by prosecution agencies, LE agencies, Department of Corrections or cities. Advocates may be referred to as victim liaisons, coordinators or specialists. Relationships advocate have with DV survivors are limited primarily to the life of the criminal case. Advocates may be able to directly affect chance and awareness within the legal system on behalf of the survivors they work with. Systems-based DV advocates roles and services are as follows:

1. Provide support and case management to DV survivors during criminal proceedings:
   a. Assess and address survivors' safety needs and other concerns related to prosecution,
   b. Provide crisis support and ongoing safety planning,
   c. Work cooperatively with community-based DV advocates and advocacy programs,
   d. Convey DV survivors' input to detectives, prosecutors, judges probation, and other relevant system-based professionals,
   e. Explain legal processes, options and potential outcomes to DV survivors,
   f. Accompany DV survivors to joint interviews, defense interviews, and court hearings,
   g. Consult closely with prosecutor on DV survivors' issues and case concerns
   h. Provide DV survivors with appropriate referrals to community resources,
   i. Ensure that DV survivors' rights are honored in the system, and
   j. Provide some assistance with protection orders.

2. Initiate contact with survivors upon receipt of a DV incident report or criminal complaint. Relationships with DV survivors are approached with a philosophy of DV survivor self-determination; however, LE and/or prosecutors control decisions about the criminal case.
3. Work with the person listed as "victim" in the criminal case; however, systems-based DV advocates cannot work directly with DV survivors who are arrested.
4. Provide advocacy and referrals for children who are witnesses or similarly involved in the DV criminal case as requested.
5. Have access to records in the criminal justice system.
6. Provide information and records to the court, prosecutors, and LE personnel with whom they work with. Although criminal defendants rarely have access to actual records prepared and maintained by system-based advocates, some of the information contained in them may be required, under certain circumstances, to be disclosed to the defense pursuant to the rules of discovery. (See CrR 4.7).

D. **Protection Order (PO) Advocates**: PO advocates are systems-based DV advocates who are employed by the King County Prosecuting Attorney's Office (KCPAO), and work exclusively with PO petitioners. The information DV survivors provide for the DVPO petition is recorded in a public document. PO advocates do not provide case management or keep client records. PO advocates are housed in both King County Superior Courts, and in King County District Courts' East Division, which is located in Redmond. PO advocates roles and services are as follows:

1. Assist and support DV survivors, with an emphasis on the self-determination of survivors, who are petitioning for domestic violence protection order (DVPO) for themselves and/or for their minor children.
2. Assist DV survivors in assessing the pros, cons, and safety implications for filing for a DVPO. Assist petitioners with the filing of temporary orders, full orders, modifications, terminations and renewals.
3. Cannot assist people who have a full PO already against them, who are on probation, or who are being charged by the KCPAO.
4. Provide technical assistance, support and education to DV survivors on the DVPO process in the following ways:
   a. Provide preparation for court and its outcomes,
   b. Provide DV education,
   c. Refer to community and social service providers,
   d. Provide lethality assessment and safety planning,
   e. Accompany DV survivors during court proceedings, and
   f. Assist in coordinating and troubleshooting with LE, family court, community DV survivor agencies, legal aid agencies, and other criminal justice system entities as needed.

E. **Coordination with Community-Based DV Advocates and CA Social Workers**: The Washington State Coalition Against Domestic Violence has developed a model protocol for community-based advocates working with DV survivors involved with the CA/CPS system. The document provides excellent guidelines for DV advocates on how to assess when a report is required, how to make a CA Intake report, and how to support and advocate for DV survivors and their children throughout their involvement with the CA system. That protocol is available at www.wscadv.org. Community-based DV advocates should support CA involved DV survivors through the following:

1. Working to support adult DV survivors' ability to protect their children.
2. Consulting and informing CA social workers on the role that DV has played in the maltreatment of children, the level of threat the DV perpetrator poses to the children, and the protective actions that adult DV survivors have taken.
3. Working to ensure that the rights of DV survivors are protected throughout the CA case.

4. Supporting and assisting DV survivors in making CA/N report(s) to CA Intake in cases where DV survivors divulge maltreatment of the children by DV perpetrators.

F. **Coordination with Community-Based DV Housing Programs and CPS Investigators**:

1. Community-based DV housing programs are not compelled to produce a child for CPS investigators absent a court order. RCW 26.44.030 permits CPS interviews to occur on school premises, at daycare facilities, at the child's home, or at all other suitable locations outside the presence of parents, but it does not compel such interviews at any of these locations.
2. DV housing programs have no obligations to confirm to CPS investigators that the children's parents are present at their shelters. If CPS investigators are seeking information on the location of parents and children, it is recommended that DV program staff obtain release of information from DV survivors so that information can be shared with CA/CPS.
3. DV programs are not required to release their confidential shelter address to CPS investigators. DV housing program staff may assist CA/CPS social workers in establishing alternative locations where children can be contacted for CPS investigations.
4. If DV survivors and their children are residents of DV housing programs, CA/CPS social workers should not make unannounced visits to housing programs. It is important that CA social workers call the shelter/housing directors first to inform them of their need to contact DV survivors and their children, and the purpose of the contact.

G. **LE and CA Visits to Community-Based DV Housing Programs**. Each DV residential program shall have its own protocols for coordination and response with CA and LE interventions. It is critical that both CA and LE personnel confer with DV residential program director and staff in order to follow their agencies' protocols that have been carefully designed to minimize trauma to the child, the parent, and all other program residents.

1. If there is a child maltreatment investigation, pending juvenile court action, or the family has an open CA service plan, CA social workers have the right to know where children are residing.
2. When CA social workers need to see children/parents living in DV residential program, social workers should work cooperatively with DV residential program directors and staff in a manner that proactively and intentionally avoids inflicting further trauma to children and/or their parents who are residing in the facility. This is particularly important when children are being removed from a DV shelter or housing setting.
3. CA workers should confer and collaborate with the DV residential program staff to minimize escalation.
4. Upon arrival to DV residential program, CA and LE personnel should enter the facility with the least possible disruption, and should be as quiet and unobtrusive as possible.
5. When children need to be taken into custody, both CA and LE should maintain communications with DV residential program director and staff to ensure that their roles are distinctly maintained and coordinated.

H. **DV Shelter/Transitional Housing Information Release Forms and Emergency Contact Information**

1. For community-based DV housing programs, consistent with WAC 388-61A-0149, it is recommended that the confidentiality and/or information release forms explain their mandated reporting duties for CA/N.
2. When DV program staff conducts intakes with DV survivors, they should be asked if they are involved with CA services. If DV survivors report CA involvement, assess their advocacy needs regarding joint case planning. If DV survivors agree that the DV advocates should

coordinate with CA, have the client sign a release of information form. Refer to the WSCADV model protocol for collaboration with CA at www.wscadv.org.

3. It is recommended that an emergency contact section be part of community-based DV housing intake forms. This can be used for DV survivors to authorize family members or responsible adults who could be contacted to care for their children in emergency circumstances. This may happen if DV survivors have urgent hospitalization, incarcerations, or other circumstances where they may not be able to come back to community-based DV shelter/housing programs.

IV. ROLE OF THE ATTORNEY GENERAL'S OFFICE (AG)

A. **Dependency Petition Filed**: An Assistant Attorney General (AAG) through the Washington State Attorney General's Office (AG) represents the CA social worker in dependency proceedings brought in juvenile court. A dependency petition may be filed to ensure the safety of the child and the child may be placed out-of-the home. The AAG assigned to the specific case will maintain contact with the appropriate LE agency and the appropriate prosecutor's office as needed.

1. Dependency petitions may be filed by DSHS. Consultation with or notice to the AG's office is not required for CA to take this action.
2. An AAG "of the day" will appear at the 72 hour shelter care hearing and represent CA.
3. A specific AAG will be assigned to the case by the 30 day hearing.
4. The dependency statute requires that the fact-finding hearing on the dependency petition be held within 75 days of the filing of the petition, unless the court finds exceptional reasons for a continuance. The period of time between filing and the fact-finding hearing is taken up with pretrial hearings and negotiation. The fact-finding date may be continued; however, continuances occur in slightly less than half of the cases filed.
5. If dependency is established by agreement or at the fact-finding hearing, services are ordered. Potential services for DV perpetrators may include batterer's treatment program and orders excluding the perpetrator from the family's shared residence. Potential services for DV survivors may include DV protection orders and referrals to DV survivor service agencies.
6. A termination petition may be filed if there has been no change in the parent's ability to adequately care for the child, and the child has been placed out of the home for at least six months.

B. **No Dependency Petition Filed**: The AG's office may provide legal advice and consultation to CA regarding specific reports of CA/N and provide advice as to whether the statutory requirements for dependency are met.

C. **Licensed Facility Investigations**: The AG's office should be consulted, when necessary, for legal advice and consultation during the course of a licensed facility investigation.

D. **Coordination**: The AG's office will coordinate with and notify LE and the prosecutor's office of any action taken or decision made by the juvenile court that affects the criminal investigation. Information that comes to the attention of the AG's office may be shared with LE pursuant to RCW 13.50.

V. ROLE OF HEALTH CARE PROVIDERS

A. Overview: Health care providers play a critical role in responding to the health needs of DV survivors and their children. In cases where DV has been identified through DV screening or by patient self-report, health care providers should have established policies and procedures that

guide their responses, responsibilities, and documentation requirements. The following are functions of health care providers:

1. Be responsive and sensitive to the unique challenges, needs, and problems that DV survivors and their children encounter with their DV experiences.
2. Have a good understanding of the dynamics of DV, the effects of DV incidents on physical and mental health patterns, and the critical role health providers have in assessing, treating, and supporting the needs of adult DV survivors and their children.
3. Assess for **life threatening** injuries or illnesses. When present, 911 should be called to provide immediate medical services and assist with transportation to emergency medical facilities.
4. Assess for non-life threatening physical injuries or illnesses. When present, conduct health assessment and treat injury or health problem. Coordinate care with other health providers as needed.

B. Health Care Providers should inquire about the immediate safety risks with children and DV survivors. Ask these questions:

1. **"Does the person who hurt you know that you are here? Where is the person who hurt you now?"**
2. **"Is it safe for you and your children to return home?"**

C. Listen for threats of serious assault, homicide, suicide, weapon use or stalking behaviors by the batterer. When these threats or other safety risks are identified, health care providers should inquire about DV survivors' use of protective strategies that mitigate their safety risks. Ask, "**What is your plan if future violence occurs?**"

D. DV survivors and their children are often isolated and have limited opportunities to connect with community resources. It is important that health care providers inquire about DV survivors' use of support networks. Ask, **"What kinds of help or support do you use?"**

E. It is important to provide information about DV resources when **they want it**. Health care providers should ask, "**Are you interested in learning about DV resources in your community?**" Please note, when giving written information about DV, it is best to explore with the client if it is safe for them to have it.

F. It is critical to provide detailed documentation about DV incidents, injuries, referrals, and follow up plans. Documentation should include the following: [6]

1. Client's report of the event including time and place. Be clear and factual. Use client quotes such as "my boyfriend kicked me."
2. Identity and relationship of abuser to DV survivors and their children.
3. Brief description of the current severity of violence and safety risks,
4. Client's demeanor and affect,
5. Description of the nature and extent of current injuries or health problems,
6. Location and appearance of physical injuries using a detailed body map,
7. Information about prior DV injuries and incidents, and
8. Referrals and follow up plans.

6 Isaac, Nancy E. and Pualani Enos, E. (September 2001). Documenting domestic violence: How health care providers can help victims. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

G. Remind DV survivors their medical records are confidential; however, health care providers should explain the limits of their confidentiality and when they are required to disclose protected health care information.

VI. ROLE OF THE PROSECUTOR'S OFFICE

A. **Overview**: A city attorney is responsible for prosecution of misdemeanor crimes within its specific municipality. A county prosecutor is responsible for prosecution of all felony crimes within its specific county, all juvenile crimes, and misdemeanor offenses from unincorporated areas. The practice and approach of prosecuting attorneys differ from jurisdiction to jurisdiction. Guidelines for a particular office can often be understood by reference to written filing and disposition standards. Written guidelines for charging and disposition of criminal offenses will show how an office handles cases and exercises discretion in the filing of criminal charges.

B. **Cases Referred from LE**: It is the prosecutor's job to review all cases from LE for the filing of criminal charges. In reviewing criminal cases, a prosecutor's office may file charges, may decline the case, may not file charges, or may request further investigation.

C. **Cases Referred from Others**: The prosecutor's office does not itself investigate cases, initiate criminal cases, or accept citizen reports. Rather, when the prosecutor's office receives a case from another jurisdiction, another official, or from a citizen complaint, the prosecutor's office will refer the case to the appropriate LE agency for investigation.

D. **Handling of Cases by the King County Prosecutor's Office Domestic Violence Unit (DVU)**: The DVU is located at the King County Courthouse in Seattle and at the Norm Maleng Regional Justice Center in Kent. Cases are handled at the respective sites depending on which LE agency submits the case. The following categories of offenses are handled by the DVU and are subject to these standards:
   1. All crimes against persons and property crimes involving family or household members, as set forth in RCW 10.99.020, including spouses, former spouses, persons who have a child in common, adults related by blood or marriage, persons who have or have had a dating relationship, and persons who have a biological or legal parent-child relationship including stepparents and grandparents. The DVU also handles most stalking cases.
   2. Notwithstanding the above, the DVU does not handle cases where there is no past or present intimate relationship, dating relationship, or familial relationship between the household members ("roommate" cases), child sexual abuse cases, or child physical abuses cases where the child is less than twelve (12) years of age. If a child abuse case involves significant issues of DV, the DVU and the Special Assault Unit (SAU) may coordinate their prosecution.
   3. The DVU may also handle cases where a DV dynamic is present or where there are DV overtones or issues. The DVU may also handle cases, which involve a felony or misdemeanor DV case and other non-DV charges.

E. **Case Management**: The county prosecutor's office will be responsible for the following:
   1. Employing the Child Interview Specialist.
   2. Notifying the survivor, LE, and CA, when involved, of its charging decisions.

F. **Child Interview Process by County Prosecutor's Office**:
   1. **Child Interview Specialist Cases**: The Child Interview Specialist shall have the training required by RCW 43.101.224. Interview specialists generally interview only young children who may be, or who are victims. Occasionally the DVU supervisor may decide to request an interview of a young witness to a DV crime.

2. **Joint Interviews**: The initial investigative interview will be conducted by the prosecutor, the detective, and CA, if involved, for the following cases:
   a. High profile cases, or
   b. Youth cases ages 12 and up. These cases are at the discretion of the detective and prosecutor. LE will conduct the investigative interview in all other cases.

3. **Conducting Interviews**:
   a. **Procedures**: The interview should be conducted in a thorough and open-minded way, and in a manner that enhances free recall. The interviewer should maximize the use of techniques that will elicit reliable information and minimize the use of highly leading or coercive questions that could change or contaminate the child's memory of the event(s). The interviewer should be aware of the child's developmental level with regard to language and cognition. Interviews should be conducted with consideration to the emotional comfort of the child.
   b. **Interview Arrangements**: In those interviews that require a Child Interview Specialist or joint interview, the detective will arrange the interview with a supervisor in the DVU and notify the CA social worker. The interview will be set as soon as possible, following a clear statement of abuse by the child or evidence that the child has been exposed to serious DV, and the opening of a police investigation.
   c. **Interview Logistics**: In those interviews that require a Child Interview Specialist, or a joint interview, the interview will generally be conducted in the SAU interview room with the two-way mirror. The interview will ordinarily be one-on-one, unless a child requests the presence of an advocate or support person. The detective and CA social worker, if involved, will observe the interview from the observation area, and will have the capability of contacting the interviewer for additional questions. Witnesses to the interview will not provide documentation. If the prosecutor conducts the interview, the child may be interviewed in the prosecutor's office. A child may have an advocate or support person present if the parent or child requests.
   d. **Challenging/Unusual Cases**: If the detective determines before the interview that the filing decision will be particularly problematic or high profile, a deputy prosecutor will be assigned to observe the interview.
   e. **LE agencies and CA Coordination for CA/N investigations**: When LE and CA are both involved in investigations, they shall notify each other of their involvement, coordinate their investigations, and inform each other of their progress.

4. **Documentation of Interviews**: Documentation of all interviews shall be accurate and complete. Interviews will be documented and recorded in audio, videotape, or digital electronic formats or near verbatim. When Child Interview Specialist conducts interviews, they are responsible for the documentation. In joint interviews, the detective will be responsible for documenting the interview. In all other interviews, the participants will determine who will be responsible for documenting the interview, and how it will be documented; however, if CA conducts the interview, CA must be responsible for documenting the interview, which must include, at a minimum per RCW 26.44.035, a near verbatim record of any questions asked and responses given regarding abuse of the child being interviewed.
5. **Information Sharing**: When documentation of the interview is the responsibility of the child interviewer, the record of the interview will be provided to LE, who will be the custodian of the record. This record and documentation of LE interviews should be shared with CA involved cases as soon as possible without jeopardizing the criminal investigation.
6. **Procedures Following Interviews**:
   a. LE will make every effort to complete and submit the case to the Prosecutor's Office as required by RCW 10.99.030.
   b. In cases when only the detective took the victim statement, the prosecutor will attempt to reach a filing decision without re-interviewing. Frequently, phone contact with the

detective or victim may resolve concerns. If there is a need to re-interview, the interview should be limited to the areas of concern. The detective shall be present to document any clarifications, supplements, or changes to the statement obtained earlier.

c. The prosecutor will make every effort to make a filing decision, which means to file or decline to file charges, within 60 days after receipt of a completed case.

G. **Emergency Situation/Rush File in County Prosecutor's Office**: The case will be reviewed for filing immediately when it is appropriate and necessary to keep a suspect in custody or to issue a warrant.

H. **Emergency Situation/Rush File in Seattle City Attorney's Office**: In the Seattle City Attorney's Office, as in many other municipalities, all DV cases are considered "emergency situations" and are reviewed for filing immediately. The cases of suspects in custody are reviewed, and filing decisions made, on the day of, or day after arrest. Cases of suspects, not in custody, are reviewed and filing decisions are made as soon as possible. It is the expectation in the Seattle City Attorney's Office that such a decision will be made within two (2) weeks, or as soon as contact can be made with the victim.

I. **No Contact Order (NCO) Handling by County Prosecutor's Office and Seattle City's Attorney's Office**: A criminal NCO will be sought by the prosecutor in all cases where charges are filed and when legally allowed.

1. If the survivor appears in person and does not want a NCO, the circumstances of the charge and history of violence, both reported and unreported, will be considered.
2. If there are concerning circumstances, a history of DV, or if there is any indication that the survivor is being coerced, intimidated or influenced regarding the NCO, the NCO will be requested over the survivor's and defendant's objection.
3. Consent to contact by the adult DV survivor is not a defense for an offender to violate a NCO.
4. Violations of the order by the offender should be reported to the prosecutor's office for revocation of bond proceedings or detention hearings. In general, in the case of conflicting or overlapping court orders, the most restrictive order about contact should be enforced.
5. **Lifting of NCO by King County Prosecuting Attorney's Office (KCPAO)**: When the party protected by a NCO requests that it be vacated, the city attorney or prosecutor's office should be contacted to facilitate the request. For cases handled by the KCPAO, there are no longer advocates whose primary purpose is the recall of NCO process; as a result, DV survivors may ask the King County Superior Court to lift a NCO. Upon receipt of the request, the courts will send out a letter acknowledging the request to lift the NCO, or allow it to be downloaded with a motion to lift. DV survivors will fill out the paper work and send it back to the court. The court will determine whether or not a hearing will be set to lift the NCO. The KCPAO and Department of Corrections (DOC) will have no say in where or not a hearing is set. If the court sets a hearing, then KCPAO will be responsible for sending out notice to DOC and to the defendant.
6. **Lifting of NCO by the Seattle City Attorney's Office**: As in many municipalities, DV survivors may ask the court to lift a NCO by contacting the assigned systems-based DV advocate in the City Attorney's Office.
   a. Systems-based DV advocates discuss with DV survivors the reason(s) for asking that the order be lifted, possible consequences of the order being lifted, and safety planning and referrals.
   b. DV survivors asking the court to lift a NCO must sign a declaration indicating that they have had this contact with an advocate, and that their request is not being made under duress.
   c. DV survivors are then placed on a specifically designated "NCO Lift" calendar held once per week in Seattle Municipal Court.

d. In the case of defendant's being monitored by the Seattle Municipal Probation, the offender must be in compliance before a NCO lift hearing is scheduled.

J. **Guilty Pleas Handling by County Prosecutor's Office and Seattle City's Attorney's Office**: The prosecutor will attempt to notify the survivor when their location can be ascertained, and will attempt to notify LE prior to a guilty plea, when that plea will result in a reduced charge.

K. **Sentencing Practices by County Prosecutor's Office and Seattle City's Attorney's Office**: The prosecutor's office will attempt to notify survivors of their right to be heard in person, via letter, or through the prosecutor-based advocate. The prosecutor's office will also attempt to notify survivors and obtain information from them to enforce their right to request restitution.

VII. ROLE OF KING COUNTY SUPERIOR COURT, FAMILY COURT SERVICES (FCS)

A. **Overview**: King County Superior Court Family Court Services (FCS) receives all referrals for services directly from the court. FCS does not accept referrals from any parties other than the court. FCS provides the following services in family law cases involving children: DV Assessments, CA Status Reports, Parenting Plan Evaluations, Mediation, and Parent Seminar: "What about the Children?" Refer to **Appendix E** for services provided by FCS. Fees for services are on a sliding scale dependent on income. Refer to http://www.kingcounty.gov/courts/FamilyCourt/services.aspx to retrieve forms.

B. **DV Assessments**: In DV protection order (DVPO) proceedings or in any family law case, the court may order an expedited evaluation called a DV assessment and set a review hearing date. The purpose of the assessment is to determine the existence and extent of DV in the family, to evaluate the risk posed to children by any identified DV, and to make recommendations to the court that offer adequate protection for the adult survivor and children.
   1. DV assessments can recommend a range of services that may be appropriate for the adults and children involved.
   2. The children are not interviewed in a DV assessment, but schools, teachers, medical doctors and other collateral references are checked.
   3. The assigned FCS social worker also views the Judicial Information System (JIS) print out on the criminal and other civil litigation history of the parties. This database also lists all DVPOs and other litigation involving the parties and their children.
   4. Due to safety concerns, the DV assessment is only made available to the parties and their counsel at the review hearing. The assessment is usually completed within 45-60 days of the court referral. At the current time, no fee is charged for this service.
   5. FCS retains a copy of the DV assessment. If FCS receives a new referral to conduct an investigation for the family, FCS staff reviews the prior DV assessment.

C. **CA Status Reports**: Where concerns are raised regarding any current or past CA involvement, the court may order that FCS prepare a CA/CPS status report.

   1. A CA status report discloses if there are any current, pending juvenile court cases involving the family; any past CA referrals or investigations; and the results thereof.
   2. CA status report is used solely as a resource for the court.
   3. The FCS social worker may request from CA information regarding their involvement with the children. No interviews are conducted.
   4. Reports are usually completed within 7 to 14 days of the court referral.

D. **Parenting Plan Evaluations**:

   1. FCS will not conduct a parenting plan evaluation if a GAL, CASA, or private evaluator has been appointed, or if FCS is unable to get cooperation from either party.

2. In all family law cases where the residential arrangements for the child are contested and mediation is unsuccessful or contraindicated due to alleged DV, child maltreatment, mental health, or drug/alcohol issues or waived by court order, FCS will conduct a parenting plan evaluation.
3. Each party is charged a fee based on a sliding fee scale.
4. Typically, the FCS social worker will interview the parties, observe each party with the children, and in some circumstances, visit the parties' residences. FCS makes separate arrangements in cases involving alleged DV to ensure that the parents are not scheduled for the same day and that there is no contact.
5. The parenting plan evaluation is comprehensive and is designed to address all facets of a parenting plan, including whether any restrictions should be placed on a party's involvement with a child due to mandatory or permissive statutory restrictions. For example, if there is a history of acts of DV, mutual decision-making is prohibited by statute and the court has discretion to impose additional restrictions.
6. The parenting plan evaluation takes up to five months to complete as a number of collateral contacts are interviewed about the parenting styles of each proposed custodian.
7. The FCS social worker may request additional specialized evaluations such as sexual deviancy evaluations, and may recommend specific services, such as batterer's treatment, mental health counseling, and substance abuse treatment.
8. Upon completion, the parenting plan evaluation is made available to the parties and any counsel of record. FCS social workers often testify at trial if the case does not resolve.
9. Once FCS has completed a report in a case, the case will be dismissed from FCS with a dismissal notice sent to the court and all parties. At this point, FCS involvement in the case is completed and follow-up involvement in the case is not indicated unless directly by court order or subpoena to testify.

E. **Mediation**: In cases of disputed parenting plans or other significant parenting concerns, FCS will provide mediation for the parenting plan aspect of the case.
1. Typically, parties meet one or more times with a FCS social worker, who is specially trained in mediation to negotiate an agreement.
2. If the mediation is successful, the FCS social worker will draft the agreed parenting plan and send it to the parties and their attorneys, if applicable, for their review.
3. If mediation is not successful, the parties will be referred to evaluation as described above.
4. FCS does not mediate financial or property issues.

F. **Parent Seminar**: By local court rule, the adult litigants in all family law cases with children are required to attend a seminar entitled "*What about the Children?*"
1. Parent seminar discusses the impact of a family break-up on children.
2. Parent seminar provides information regarding DV, parenting plans, and DV resources.
3. Parent seminar is half a daylong and sliding scale fees are charged. Attendance at the seminar can be waived for good cause. Adult litigants are never scheduled to attend the seminar on the same day.

VIII. INTERAGENCY COORDINATION

A. **Interagency Case Staffing Process**: It is the intent of this section to address only those cases in which there is an intersection between DV and child maltreatment as defined by RCW 26.44 and where there is significant disagreement between involved professionals about case handling. The intent of the staffing is to resolve differences and identify best intervention practices and resources. Existing protocols will be used as previously identified by the CA Child Protection Team (CPT) criteria and King County Special Assault Network Agreement.

1. **Child Protection Team (CPT) Staffing Procedures**: CPT is utilized by CA to assist in assessment of the need to place children in out-of-home care and to assist in the assessment of future risk of abuse and neglect to children. The CA office that has the case open for services conducts CPT. It is recommended that a DV advocate and a batterer's treatment provider be added to the CPT when staffing DV cases. To request a CPT, contact the assigned CA social worker. CPT must be used in any case in which the following occurs:

    a. There is serious professional disagreement regarding the risk to a child when a decision is being made to leave a child in the home or return the child to the home;
    b. Cases with a moderately high or high risk and the child victim is age six or younger;
    c. Prior to return home, when the child is six or under and risk is moderately high or high; or
    d. Complex cases where consultation will help improve outcomes for children (Governor Executive Order 95-04).

2. **Special Assault Network Case Staffing Procedures**: The King County Special Assault Network Agreement and LE agency policy and procedures manual provide guidelines for cooperative investigations in special assault cases of child sexual abuse, physical abuse, or neglect. This protocol has provisions for case staffing procedures where there are significant disagreements between involved professionals about case handling. The purpose of the case staffing is to bring involved professionals together to review the facts and other pertinent information, clarify possible misunderstandings, and achieve a mutually acceptable resolution. A King County Special Assault Network member may request a staffing through the KCPAO SAU.

B. **Interagency Cross Training**: Coordination and cross training among agencies is essential in order to execute a community coordinated response system. A King County DV and Child Maltreatment Coordinated Response Oversight Committee should be maintained to achieve continuity and longevity of ongoing collaboration and coordination among all key entities.

1. **Oversight Committee Function**: The Oversight Committee shall oversee the implementation of the DV and Child Maltreatment Coordinated Response Guideline, facilitate coordination and communication regarding DV and child maltreatment, develop and implement interagency training and conferences, and develop guidelines and projects as identified by Oversight Committee members.

2. The Oversight Committee should meet on a quarterly basis and perform the following functions:

    a. Provide updates and changes within their organization.
    b. Bring relevant materials related to their organization or other programs.
    c. Discuss emerging areas of concern related to DV and Child Maltreatment.
    d. Update or develop response guidelines.
    e. Develop project work plans and activities.
    f. Provide in-depth presentations from one of the members or guests on pre-identified topics.
    g. Develop and coordinate trainings for the community, and offer training at no charge or at low cost for attendees.
    h. Coordinate activities with project's Best Practices Workgroup.
    i. Evaluate project activities.

3. **Training Topic Areas**: It is suggested that the following training topics be offered for community presentations:
   a. Information on the co-occurrence of DV and child maltreatment.
   b. Systems overview and coordination using mock case model.
   c. DV response in special populations.
   d. CA referrals, investigation, and services.
   e. Best practices for DV screening, assessment, safety planning, and service plan development.
   f. DV resources and updates.
   g. Child centered advocacy.
   h. Other identified topics.

Section Three:

Information Sharing

INTRODUCTION

A number of state and federal laws regulate disclosure of personal information, especially when medical, mental health, chemical dependency, sexual assault or DV issues are involved. Sometimes the laws are in conflict. It is helpful for all agencies to approach this information sharing issue with the understanding and respect that each agency needs to follow laws and regulations governing their practice. These materials are intended to address information sharing within the context of DV and child maltreatment cases, and hence do not provide a detailed analysis of all potentially applicable laws. It is important to know that laws exist that protect the confidentiality of DV records and make communications between a DV survivor and a community- based DV advocate privileged. There are also laws guiding CA, the courts, and other agencies. This section will provide a summary of these particular laws and their application.

I. **CONSIDERATIONS FOR INFORMATION SHARING**

A. **Safe Disclosure of Information**: Given the risks of lethality with DV, confidentiality has more to do with safety than privacy rights. Consequently, when information must be shared or disclosed, the safety of DV survivors and their children should be considered. Inadvertent or unplanned disclosure of information may significantly raise the risk of harm. The following guidelines may help to reduce potential harm to DV survivors and their children:

1. Any information in the record or file pertaining to a confidential address or contact information of a DV survivor should be fully redacted to avoid exposure of information that would breach confidentiality, which means blacked out or removed, before the information is disseminated to anyone. Social security numbers, driver's license identification, passport numbers, children's names, and personal financial information should also be redacted.
2. When information must be shared, as in a court proceeding, DV survivors must be notified in advance so they may plan for their safety.
3. Safety of survivors and children must be considered when planning case transfers.
4. The agency's confidentiality and information sharing policies should be consulted before disclosing information, with both the sending and receiving agency.
5. In some circumstances, a court order may be required before information is disclosed.

B. **Authorization to Release Information**: If the client signs an authorization to release information, the person or agency receiving the information should be clearly identified in the release. The written authorization should also specify what records or information will be disclosed and indicate how long the authorization is effective. A current, signed Release of Information must be obtained from both agencies when it is necessary to share information back and forth. An authorization might be effective, for example, for 90 days or 6 months. The length of authorization is often dictated by law or by agency policy.

C. **Mandated Reporting Procedures**: Refer to Section One, subsection II, on the disclosure obligations of mandated reporters.

II. CONFIDENTIALITY AND PRIVILEGE OVERVIEW

A. **Confidentiality Laws**: Confidentiality generally refers to the legal and/or ethical duty to keep information or a communication private. Confidentiality laws protect information from being disclosed to third parties. The principal purpose of confidentiality laws is to protect an individual's privacy. In some circumstances, however, confidential information may be disclosed to others without the consent of the client or patient. These exceptions to confidentiality laws include the following:

1. Mandated reporting of abuse and/or neglect of a child aged from birth to eighteen years old,
2. Mandated reporting of abuse and/or neglect of a vulnerable adult, or
3. A court order.

B. **Privileged Communication Laws**:

1. Privilege is the right to withhold testimony or records in a legal proceeding. Privilege generally protects against the compelled disclosure in a legal proceeding of information provided by the individual holding the privilege to another person with a specific role. Examples of privilege include physician-patient, and attorney-client communications. To be privileged, these communications must be between the two identified persons. For example, if an attorney obtained information from a client's neighbor, that information would not be not privileged information and would likely be subject to disclosure in a court proceeding. The attorney-client privilege only applies to communications between the attorney and his or her client.
2. Confidentiality and privilege generally differ in the scope of what is covered as well as their exceptions. Also, privilege applies only in legal proceedings, because privilege means that a covered person cannot be forced to testify in such proceedings about the privileged communications. Information may be both privileged and confidential.
3. In addition to privileges protected by statute and common law, specifically court decisions, there is a federal constitutional privilege under the Fifth Amendment to the United States Constitution that protects an individual from being compelled to incriminate him or herself. Under this amendment, a person who has been charged with a criminal offense or who is under investigation for a criminal offense has an absolute right to decline to provide information or testimony, or to be interviewed about the facts surrounding the events.

III. LAWS PERTAINING TO CONFIDENTIALITY OF RECORDS AND INFORMATION

A. If an agency, program or individual is governed by confidentiality laws, care should be taken to ensure that client or patient information is not discussed in public or in any location where the conversation could be overheard by someone who is not entitled to have access to the information. Steps should be taken in file management to ensure that the confidential information is not available to anyone not entitled to access.

B. **Confidentiality of DV Survivor Program Information and Records**:

1. "DV Program" means an agency that provides shelter, advocacy, or counseling for DV survivors in a supportive environment. HB 2848 added a section to RCW 70.123 that provides for the confidentiality of information held by a DV program and its agents, employees or volunteers. Information about a recipient of shelter, advocacy, or counseling services may not be disclosed without the written authorization of the recipient. If disclosure is necessary because of the mandatory reporting laws regarding CA/N, the program is to make reasonable efforts to notify the recipient. If personally identifying

information is to be disclosed, the program must take steps to protect the privacy and safety of the persons affected by the disclosure of information.

2. Under RCW 70.123.075, client records maintained by a DV program, as defined in the paragraph above, are not subject to discovery in any judicial proceeding unless there is a written pretrial motion for the records, accompanied by an explanation of the need for the records. If sufficient reason is provided to do so, the court will then perform an in camera, which means in chambers, review of the records. The court will weigh the relevance of the records against the survivor's privacy interest in the confidentiality of the records in determining which, if any, records will be disclosed.
3. The community-based DV advocate must explain the confidentiality rights to the adult DV survivor as well as the limits to those rights, and the role of a DV advocate. The survivor should be informed that information shared with the DV advocate will not be shared with the perpetrator. The advocate should also explain their duty to notify CA Intake or LE if there are CA/N concerns.
4. If information must be shared to assist a DV survivor to obtain additional services, the community- based DV advocate should be prepared to assist the survivor to make sure that the disclosed information is communicated accurately and safely. Steps should be taken to ensure that any shared information is protected from further disclosure.

C. **Address Confidentiality Program (ACP)**: If a person has registered for the address confidentiality program under RCW 40.24, the secretary of state may not make any information in their records available except to LE by a court order, or to verify the participation of a specific program participant. For further information about the address confidentiality program and the limitations of this program, see services for DV survivors in Section Six.

D. **Children's Administration Records (CA)**:

1. CA records include Child Protective Services (CPS), Family Voluntary Services (FVS), Children and Families Welfare Services (CFWS), and Family Reconciliation Service (FRS) records.
2. Generally CA records are confidential and not subject to disclosure under RCW 13.50.100, RCW 26.44 and RCW 74.04.060. There are several exceptions.
   a. RCW 13.50: This statutory chapter states that information about a juvenile may be shared with other juvenile justice or care agencies if the other agency is pursuing an investigation or case about the juvenile or is assigned responsibility to supervise the juvenile; however, only information which is needed for the receiving agency to carry out its statutory responsibilities to the child is to be provided. Parents, the child, the parent's and children's attorney, and the child's dependency CASA are also entitled to information held by CA.
   b. Under RCW 13.34.105, the child's Court Appointed Special Advocate (CASA) is entitled to review information contained in the CA record. The CASA is not entitled, however, to review confidential information such as social security numbers and privileged communication between the CA and its attorneys. Under RCW 13.50.100, the child's dependency CASA may share information obtained with other participants in the juvenile justice or care system.
   c. Under statutory chapter RCW 26.44, CA may share case information to perform case planning and provide appropriate services to the family. Only information that is relevant and necessary for these purposes may be provided. RCW 26.44.030 provides CA with access to all relevant records of the child in the possession of mandated reporters and their employees.
   d. Under RCW 43.06A.100, CA must share with the Office of the Family and Children's Ombudsman (OFCO) all relevant information, records, or documents in the possession or control of the Department of Social and Health Services that the Ombudsman considers necessary in an investigation. The Ombudsman is also granted unrestricted access to CA's computerized information system for the purposes of carrying out OFCO's

duties. In addition, OFCO is able to communicate privately with any child in custody of the department for this same purpose. Under RCW 43.06A.050 the Ombudsman shall maintain the confidentiality of information obtained from CA records and shall not further disclose or disseminate the information except as provided by applicable state or federal law.

E. **Health Care Records**:

1. Except as authorized in RCW 70.02.050, a health care provider, an individual who assists a health care provider in the delivery of health care, or an agent and employee of a health care provider may not disclose health care information about a patient to any other person without the patient's written authorization. A disclosure made under a patient's written authorization must conform to the authorization.
2. Patient's health information may be shared only with those individuals who have a specific need to know the information and have proper identification. Only the relevant records that are necessary to satisfy the intended purpose of the request will be disclosed. Under RCW 70.02.050, health care providers may release patient information without their written authorization under the following conditions:

    a. Patient information is required by a person, who the provider or facility reasonably believes is providing health care to the patient,
    b. Patient information is needed to avert a serious threat to health or safety,
    c. Patient information is needed for coroners and medical examiners,
    d. Patient information is needed by public health officials,
    e. Patient information is requires for judicial and administrative proceedings, and
    f. Patient information is requested by federal, state, or local LE authorities in a case in which the patient is being treated or has been treated for a bullet wound, gunshot wound, powder burn, or other injury arising from or caused by the discharge of a firearm, or an injury caused by a knife, an ice pick, or any other sharp or pointed instrument.

3. Under RCW 26.09.225, unless a court has ordered something different, parents are entitled to "full and equal access" to their child's medical records. Under other state laws, a child, age 12 or older, must consent before parents can access these records.
4. The 1996 Health Insurance Portability and Accountability Act (HIPAA) legislated health insurance reform to improve portability and accountability. The Federal Office enforces HIPAA standards for The Office of Civil Rights (OCR) based on patient complaints. Non-compliance or purposeful violation of the standards can result in substantial penalties. HIPAA has also legislated administrative simplification in order to encourage electronic information sharing in a safe and confidential manner. The administrative simplification legislation provides standards for the following:

    a. Healthcare electronic data interchange (EDI),
    b. Security of health information, and
    c. Privacy of health information.

IV. PRIVILEGED COMMUNICATIONS LAW

A. **Community-Based DV Advocate Privilege**:

1. Under RCW 5.60.060(8), adopted in 2006, communications between a DV advocate and survivor privileged and not subject to compulsory disclosure. This means that a DV advocate cannot be questioned or be made to testify in court about any communication between the

DV advocate and the survivor unless the DV survivor first consents. This testimonial privilege does not apply to communications between DV survivors and individuals who perform an investigative or prosecutorial function such as systems-based DV advocates. For that reason, a systems-based DV advocate should explain the limitations of confidentiality to the DV survivor, and should consider making a referral to community-based DV advocate.

2. Under the statute, "DV advocate" is defined as an employee or supervised volunteer from a community-based DV program or human services program that provides information, advocacy, counseling, crisis intervention, emergency shelter, or support to DV survivors, and who is not employed by, or under the direct supervision of, a LE agency, a prosecutor's office, or CA services section of DSHS. A DV advocate must fall within this definition for communications between the DV survivor and the advocate to be privileged. Even if the DV advocate does fall within the definition, there is an important exception to the privilege where a DV advocate must report known or suspected CA/N.

B. **Attorney-Client Privilege**: Under RCW 5.60.060(2)(a), unless the client consents, an attorney cannot be examined as to any communication made by his or her client, or the advice he or she has given to the client during the course of the professional employment. Washington's Rule of Professional Conduct for Lawyers, 1.6 (b) requires a lawyer to disclose information relating to the representation of a client "to the extent the lawyer reasonably believes necessary" to prevent "reasonably certain death or substantial bodily harm."

C. **Physician-Patient Privilege**: Under RCW 5.60.060(4) , unless the patient consents, a physician cannot be compelled to testify as to any information acquired in treating the patient in any judicial proceeding. There is an important exception to this privilege, where the physician may testify regarding a child's injury, neglect or sexual abuse. The privilege is also deemed waived, this means lost, if the patient files a personal injury or wrongful death action. Privileges similar to the physician-patient privilege are provided for information acquired by treating psychologists and counselors under other state laws.

D. **Mental Health Counselor-Patient Privilege**: Under RCW 5.60.060(9), a mental health counselor, independent clinical social worker, or marriage and family therapist licensed under chapter 18.225 RCW may not disclose, or be compelled to testify about, any information acquired from persons consulting the individual in a professional capacity when the information was necessary to enable the individual to render professional services to those persons. Exceptions include the following:

1. With the written authorization of that person or, in the case of death or disability, the person's personal representative.
2. If the person waives the privilege by bringing charges against the mental health counselor licensed under chapter 18.225 RCW.
3. In response to a subpoena from the secretary of health. The secretary may subpoena only records related to a complaint or report under RCW 18.130.050.
4. For the mandatory reporting of CA/N or vulnerable adult abuse and neglect.
5. To any individual if the mental health counselor, independent clinical social worker, or marriage and family therapist licensed under chapter 18.225 RCW reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.

E. **Husband-Wife Privilege**: Under RCW 5.60.060(1), neither spouse can be examined for or against the other spouse, without the consent of the other spouse, as to communications made by one spouse to the other during the marriage. There are a number of exceptions, however, to this privilege. It does not apply to civil actions or proceedings by one spouse against the other. It also does not apply to criminal actions in which the other spouse is the victim of the communicating

spouse or criminal actions in which a child is the victim and the communicating spouse is the parent or guardian of the child.

F. **Sexual Assault Advocate Privilege**: For purposes of the privilege, "sexual assault advocate" is defined as the employee or volunteer from a rape crisis center, victim assistance unit, program, or association that provides information, medical or legal advocacy, counseling, or support to victims of sexual assault. The sexual assault advocate is designated by the victim to accompany the victim to the hospital or other health care facility and to proceedings concerning the alleged assault, including police and prosecution interviews and court proceedings.

1. Under RCW 5.60.060(7), a sexual assault advocate may not, without the consent of the victim, be examined as to any communication made by the victim to the sexual assault advocate.
2. The sexual assault advocate may disclose a confidential communication, without the consent of the victim, if failure to disclose that information is likely to result in a clear, imminent risk of serious physical injury or death of the victim or another person.

V. INFORMATION SHARING IN THE CONTEXT OF COURT PROCEEDINGS

A. Juvenile Court Proceedings and the Role of the Dependency CASA/ Guardian Ad Litem (GAL):

1. Under RCW 13.50.100, court records in a juvenile dependency proceeding are confidential and sealed, which means not accessible by the public. Under RCW 13.34.115, juvenile dependency hearings are public hearings, unless the judge finds that excluding the public is in the best interest of the child. The law has specific steps that must be taken if a parent, the child's attorney or GAL requests the hearing be closed.
2. Under RCW 13.34.105, the role of the child's dependency CASA/GAL is to investigate, to collect relevant information about the child, and to report factual information regarding the best interests of the child to the court.
3. Under RCW 13.34.105, the dependency CASA/GAL has access to information about the child, which includes the records of any agency, hospital, health care provider, or mental health provider.

B. Family Law Proceedings and the Role of Family Court:

1. **With the exception of parentage actions, all court records in family law proceedings are open public records**. Under RCW 26.12.080, in a family court proceeding, the court may seal the file or any part of it to protect the privacy of the parties when the court determines that publication would be harmful to the children or contrary to public policy. In order to seal documents in a court file, the party seeking to seal those documents must comply with specific rules adopted by the Supreme Court of the State of Washington. Under General Rule 15, compelling reasons must be provided in order for documents and/or a court file to be sealed. General Rule 22 allows for certain CA, psychological, medical, mental health and substance abuse evaluations to be sealed in accordance with the procedures set out in the rule.
2. Under RCW 26.09.220, the report prepared by a family court investigator or GAL must be shared with the parties' attorneys and with parties who are not represented by counsel. The investigator's file of underlying information must also be made available to the parties and/or their attorneys.
3. Under RCW 26.12.180, all information records and reports, obtained or created by a CASA/GAL or investigator in a family court proceeding, are discoverable. This means that the parties to the legal action, which usually is the parents, may obtain information from the CASA/GAL or family court investigator. The CASA/GAL or investigator may also share

information with experts or staff that he or she has retained as necessary to perform the duties of his/her position. However, the CASA/GAL or investigator must not release private or confidential information to a non-party unless there is a court order.

C. **Subpoenas and Court Orders Requiring Disclosure of Information**

1. A subpoena is a legal document signed by an attorney, notary public, court clerk or judge that requires the person to whom it is directed, appear in court for a hearing or trial, or at a designated place to provide testimony. To enforce a subpoena and compel a person's presence, the subpoena must first be personally served on the person. Sending a subpoena in the mail or by fax is not considered effective service.
2. A subpoena *duces tecum* is a legal document that directs the recipient to appear at a specified place and time and to produce records or documents. This type of subpoena can also be issued with a "Notice of Deposition."
3. If a subpoena is issued with a "Notice of Deposition," it means that an attorney wants to ask the recipient questions under oath before trial. The notice will state the date, time and place where the examination will occur.
4. Subpoenas should not be ignored, especially those directing the recipient to appear for a trial or a court hearing. If a subpoena requires that a recipient appear in court, and the recipient does not want to appear, the recipient must follow specific legal procedures within specific time frames, such as successfully seeking to have the subpoena quashed.
5. Attorneys often issue subpoenas to obtain agency information, medical records, mental health records, and educational records. State and federal laws restricting access to confidential and privileged information should be consulted prior to providing such information. A judge's signature may be required to obtain certain types of records, and it is best to consult with an attorney before responding to a subpoena if there is any question of its validity.
6. Each agency should develop procedures and protocols for responding to subpoenas.
7. A court order is required to obtain the release of the following records:

    a. **DV Program Record**: Under RCW 70.123.075, a person or agency who wants to use client records maintained by a DV program in a court proceeding must file a written motion with the court which includes specific reasons why discovery is requested. The court will then review the records in camera, which means in chambers, to determine whether any portion of the records is relevant and whether the survivor's privacy rights outweigh the disclosure of the records. The court may order the release of all, part, or none of the records. A DV program is to make reasonable attempts to provide notice to the recipient affected by the disclosure of information. If personally identifying information is to be disclosed, the program is to take steps to protect the privacy and safety of the persons affected by the disclosure of information. This statutory procedure also applies to sexual assault advocate program records.
    b. **DSHS/CA Record**: If someone other than a parent wants a DSHS/CA record, a court order is needed first. The same procedure described above must be followed.
    c. In order to obtain a court order authorizing access to confidential records, the person requesting the records, through his/her attorney, must file a motion and provide adequate notice to the entity that has the records. The entity maintaining the record is entitled to an opportunity to formally object to the disclosure and to explain to the court why the record should not be disclosed.
    d. If the court does enter an order that authorizes the release of confidential information, it is best to include in the court order a prohibition against any further disclosure, a requirement that the parties use the information only in the proceeding in which it was released, and a direction to otherwise seal the records from public viewing.

8. In other circumstances, such as attempts to gain access to medical records under RCW 70.02, the party seeking the information is required to give notice to the patient. The patient is then responsible for seeking a court order prohibiting disclosure of that information.

VI. CREATING AN EFFECTIVE INFORMATION SHARING POLICY

A. **Develop Agency Protocol for Disclosing Information With or Without Permission**. Considerations should include the following areas:

1. Define the agency's role in service provision and identify what information is necessary to fulfill that role.
2. Identify the limits of confidentiality and how those limits are conveyed to the survivor.
3. Obtain authorization to disclose information.
4. Develop authorization forms to release information.
5. Establish who has the role to explain address confidentiality.
6. Report only the information the agency has permission to disclose.
7. Define when reporting is mandated and establish a process for making a CA Intake report.
8. Establish documentation procedures that include the following:

    a. What observations to document.
    b. What other information should be documented and why.
    c. How to document observations. Documentation should use objective terms and avoid subjective statements.
    d. How to protect confidential information contained in the record such as addresses or other contact information.

B. **Develop Interagency Protocols**. Considerations should include the following areas:

1. Determine what circumstances will require interagency information sharing.
2. Ensure privacy of the information received and protect against inappropriate further disclosure.
3. Identify the process for requesting and releasing information.
4. Identify agency staff that will implement the protocol and provide for staff training needs.
5. Identify how the implementation of the protocol will be monitored.

C. **Identify a Person in the Agency who is Responsible for Disclosure**. Considerations should include the following steps:

1. Designate an agency contact.
2. Identify the person who has the authority to release information.
3. Identify the person responsible for documenting the disclosure. The documentation should include what was released and to whom.
4. Identify when and how the survivor will be notified of the information disclosure.

Section Four:

Court Security, Visitation Guidelines, and Court Collaboration with Children's Administration (CA)

INTRODUCTION

Courts have a unique role in developing a coordinated response to cases involving DV and child maltreatment. This section focuses on three specific areas in which the courts play a vital role: courthouse and courtroom security, visitation guidelines to assist judicial officers in protecting children from the harmful effects of DV and an inter-systems collaborative protocol agreement between CA and King County Superior Court Family Court Services (FCS). Refer to **Appendix H** for a list of agencies involved in family court matters.

I. SECTION SUMMARY

A. Courts have a variety of mechanisms by which they become aware of cases involving DV issues. Prosecutors, criminal defense attorneys, family law attorneys, juvenile court attorneys, and litigants may notify designated court staff that security is needed for a particular case. They may bring to the court's attention the existence of other proceedings involving the parties or children. If/when the functionality in court databases is developed system-wide, it would be best to include a function to highlight high security cases for staff.

B. King County Superior Court requires that all parties in family law proceedings identify if DV, child sexual or physical abuse exists, and record these issues in the "Confirmation of Issues" document that is filed in court. If such issues exist, the requirement for mandatory mediation of parenting issues is waived by Family Court Services (FCS).

C. FCS obtains personal criminal history and case history screens for each person referred to it for services from the Judicial Information System (JIS).
   1. JIS is a statewide database and should be consulted by each judicial officer involved in the issuance of any court order in any case involving DV and/or child maltreatment.
   2. Judicial officers may access JIS via the Judicial Access Browser System (JABS). If a judicial officer uses information from JIS/JABS, it must be disclosed to the parties and they must be given an opportunity to address it.

II. COURT SECURITY BEST PRACTICES

The following are best practices for courts in King County. There may be limitations upon the abilities of the courts to comply with these best practices for courtroom security recommendations; however, these are important particularly in high volume or specialized calendars such as civil DV protection order calendars or criminal DV courts.

A. The courts should have an independent assessment by a group outside the court for safety issues to assist them in understanding security issues at their court.

B. The courts should have weapons screening and/or metal detectors at the entrances.

C. There should be established procedures for emergency exits from the courtrooms, as well as established procedures for who is to respond in an emergency. This would include having a known protocol, which identifies a LE department that will respond to emergencies. Judicial officers who regularly adjudicate cases involving DV and juvenile or family law matters should adhere to the following:

1. Consult with local LE or security agencies and DV advocates, who are familiar with their assigned courtroom, to assess and improve courtroom security where resources do not currently permit an independent assessment.
2. Exercise a leadership role in assuring security in their courtrooms and working with the court to implement consistent security training, where resources permit, for courtroom staff, attorneys and advocates who regularly appear on these calendars.
3. Request that court security be in the courtrooms when security risks are present during DV calendars or hearings with DV perpetrators.

D. The court should establish practices for maintaining separation between the parties before, during and after the court proceedings.

1. The courts should have conference rooms for alleged DV survivors to occupy before DV hearings.
2. The courts should establish separate areas so alleged DV perpetrators sit in a different area than alleged survivors in DV cases.
3. Where resources permit, individual courtrooms should be organized so that alleged DV survivors can enter and exit separately, and prior to alleged DV perpetrators. Establish procedure when resources permit for an in-court clerk to expedite certification of copies of protection orders.
4. Judicial officers, who are assigned to DV calendars, should do the following:
   a. Consider utilizing an in-court announcement on DV calendars regarding procedures and expectations. This should include basic information on the court's procedures in DV cases for both petitioners and respondents, and expectations at their discretion.
   b. Review calendars in advance and consider whether to adjudicate cases, which may present higher risk, as early as possible during the calendar.

III. VISITATION GUIDELINES WHEN DV ALLEGATIONS ARE PRESENTED

A. **Purpose**: These visitation guidelines are to aid judicial officers in determining the appropriateness of interim visitation in cases where it is alleged that children have been affected by or exposed to acts of DV by their parents or guardians in RCW 26.09, 26.10, 26.26, and 26.50 cases, or in cases where CA is conducting an investigation in RCW 13.34 et. seq. These guidelines are not an evaluation or assessment tool nor are they a substitute for informed, independent discretion. For further information refer to "Navigating Custody & Visitation Evaluations in Cases with DV: A Judge's Guide," available through http://www.ncjfcj.org/.

B. **Visitation Considerations**:
1. Review the JIS, JABS, and DV databases to determine past history as required by the statute.
2. Determine the current status of the parties and their relationship to the child (parents, family members).
3. Determine which party has custody.

4. Determine the legal status of the parties, such as divorced or adjudicated parenting plan, and determine the following:
   a. The date of the parties' separation,
   b. The location of the parties (whether they are in a shelter), and
   c. The parties' level of access to transportation (how limited).

5. Determine the existence of any orders dealing with the children such as permanent or temporary parenting plans, non-parental custody order, shelter care order, and no contact orders in any other case. Pay particular attention to the status of such orders when there is more than one child of the relationship.
6. Determine the identity of the children such as their age, whether or not they have special needs, and what language(s) they speak.
7. Determine location of children's and petitioner's passports, if any.
8. Determine the presenting issue(s) on the DV petition. Determine if the alleged survivor fears harm, death, or threats involving themselves or their children from the alleged DV perpetrator.
9. Determine the history of alleged DV episodes, including any escalation of behaviors, or threats of kidnapping.
10. Determine the lethality risks with the alleged DV perpetrator, including whether or not any of the following has occurred:
    a. Use of weapons or threats to use weapons,
    b. Use of closed fists/strangulation verses shoving and slapping,
    c. Force of sexual contact or intercourse,
    d. Infliction of physical assaults on a pregnant woman,
    e. Use of any stalking behavior,
    f. Presence of suicide attempts, threats of suicide, or threats of homicide, or
    g. Presence of other risk factors with the DV perpetrator, such as drug/alcohol issues, mental health issues, past violations of court orders, escalation in abusive behaviors, physical abuse of a child, unemployment, firearms, or other weapons accessible to the alleged DV perpetrator.

11. Screen for the abusive use of conflict by the DV perpetrator, including whether or not any of the following had occurred:
    a. Harassing the DV survivor during exchanges,
    b. Using the children as a confidante, or control mechanism,
    c. Favoring one child over another to control behavior,
    d. Excessive text messaging or excessive emailing of the DV survivor,
    e. Making disparaging comments about the DV survivor to the children,
    f. Blaming children,
    g. Using children to stalk or monitor the DV survivor,
    h. Displaying excessive or obsessive jealousy, or expressing attitudes of ownership, and
    i. Stalking behaviors.
    j. Ask if there is a history of any of the following:
       i. Kidnapping or threats to kidnap the children,
       ii. Prior court orders restricting the DV perpetrator's access to other children or contact with prior partners, and
       iii. Contempt of orders or custodial interference orders.

12. Determine the involvement and location of the children relative to the presenting allegations including physical location of the children during the DV episode(s). Determine whether the children witnessed the event(s), whether the children were injured, harmed or threatened, and whether the children intervened or attempted to intervene during the DV event(s).
13. Determine if the children are currently in safe and stable housing.

14. Determine whether the children are in counseling, and if they have a pending CPS investigation, or are involved with CA services.
15. Determine the frequency and type of contact between the parents and children, and if the parties have been separated or operating under a parenting plan. Clarify who performs parenting functions and day-to-day care under chapter RCW 26.09. If contact is ordered, assess the following:
    a. Determine if visitation should be professionally supervised and by whom (see Section Six, Services for Children, for supervised visitation information and considerations).
    b. Provide for culturally competent visitation provisions where resources permit.
    c. In the event of unsupervised contact, ensure the court's supervised visitation order is clear and specific, and incorporates safety considerations (See **Appendix G**).
    d. Consider whether to allow sibling visitation as part of the court order for the protected party and minor children, where appropriate.

16. In dependency cases, where resources permit, require proof of court ordered progress and compliance with DV Batterer's Intervention Program (BIP) at court reviews.
17. Determine what safeguards, if any, should be in place to increase the safety of the children and the DV survivor during interim visitation and exchange. These safeguards may include the following:

    a. Supervised exchanges,
    b. Specified location for exchanges,
    c. Enrollment or engagement of the DV perpetrator in some form of BIP prior to beginning visits,
    d. Abstinence from drugs/alcohol,
    e. Random UA's,
    f. Surrender of firearms,
    g. Restraints regarding removing the child from the jurisdiction of the court or securing passports, and
    h. Minimizing communication between the parties, and avoid provisions that require joint decision making.

18. If the alleged DV survivor is the custodian, consider their input as to how the child is functioning since separation of the parents, and how the child is functioning before and after visits with the DV perpetrator, when tailoring visitation schedules.
19. Consider appointment of specific professionals to address issues such as a need for DV perpetrator treatment, alcohol and drug dependency screening and evaluation, and supervision of visitation and/or exchange supervision.
20. Advise the petitioner to receive certified copies of the order from the clerk's office and to keep a certified copy on their person at all times for presentation to LE. Certified copies of Superior Court protection orders may be obtained from the Superior Court Clerk's Office at no cost.

IV. CHILDREN'S ADMINISTRATION (CA) AND FAMILY LAW GUIDELINE [7]

A. **DV Protection Order (DVPO) Definition**: A DVPO is a civil order as described by Washington State Law, RCW 26.50. Such orders are to protect people who are experiencing physical violence, threats of physical violence which create a fear of imminent harm, sexual assault, or acts of stalking perpetrated by a family or household member. Although a DVPO is a civil order, a violation of the restraint provisions of the order may result in the filing of criminal charges. The

7 This section is adapted from the "August 2009 and 1997 King County Superior Family Court and Region Four, Children's Administration, Disclosure Unit Procedures" agreements

order can restrain the abusive family member from committing acts of harm, from contacting the DV survivor and/or minor children, and from coming to the home, school, workplace, daycare, or other designated location. With the passage of ESHB 2777, effective 6/10/10, a DVPO can restrain the respondent from harassing; following; keeping under physical or electronic surveillance, cyberstalking as defined in RCW 9.61.260, and using telephonic, audiovisual, or other electronic means to monitor the actions, location, or communication of a victim of DV, the victim's children, or members of the victim's household. For the purposes of this subsection, "communication" includes both "wire communication" and "electronic communication" as defined in RCW 9.61.260.

1. **Assess Appropriateness of a DVPO for a Family**: CA social workers should not automatically require DV survivors to seek DVPO for themselves or on behalf of their minor children. CA social workers and adult DV survivors should decide together if filing for a DVPO is the best course of action and who should initiate the filing. CA social workers should first perform the following:
   a. Seek input from the DV survivor regarding family's situation and the needs of the DV survivor and their children.
   b. Seek input from the DV survivor regarding any safety risks posed by the DV perpetrator to the DV survivor and their children.
   c. Check to see if there is an active family law case. If there is an active case, determine the case status.
   d. Understand the statutory limitations on DVPO availability and other types of court orders before referring a DV survivor to seek a DVPO (see **Appendix H** for a summary of different court orders available to DV survivors). If the CA social worker has not received training on family law and family law procedures in regards to DVPO, they should seek information from a supervisor or speak to the Family Court Services (FCS) CA liaison before referring a parent for a DVPO or otherwise invoking the family court system (see **Appendix F** for FCS contact information). This will help the CA worker refer the family to the appropriate part of the family court system. Refer to the CA Social Worker's Practice Guide to Domestic Violence for further information regarding court orders, at http://www.dshs.wa.gov/pdf/Publications/22-1314.pdf.

2. **DVPO Limitations in Cases of DV and Child Maltreatment**: The following limitations can affect a DVPO:

   a. **There must be specific evidence of DV or child abuse**. A DVPO can only be granted where there is

      i. Evidence of physical harm, bodily injury, assault, or the infliction of fear of imminent physical harm, or the infliction of fear of imminent physical harm, bodily injury or assault between family or household members,
      ii. Sexual assault of one family or household member by another, or
      iii. Stalking, as defined in RCW 9A.46.110, involves a family or household member who stalks another family or household member per RCW 26.50.010.

   b. **CA must meet certain requirements before placing a child out of the home**: A child may be placed out of the home by CA only if the child has been placed in protective custody by LE under RCW 26.44.050, there is a court order authorizing the placement under RCW 13.34.060, or the custodial parent has signed a voluntary placement agreement.
   c. **DVPO does not generally grant custody to non-parents**. DVPO court cannot grant custody orders, except in very unusual and very time limited circumstances, to a

petitioner who is not the parent of a child, and who does not have a court order giving them custody of a child. If CA believes that someone, other than a parent, should have custody of a child that person may need to file a petition for non-parental custody or consider filing a dependency petition. Non-parental custody proceedings can be complicated. Such cases are also unlike DVPO proceedings, as DV advocates will not ordinarily assist the petitioner in a non-parental custody case. The Family Law Pro-Se Facilitators' Office may be a limited resource in assisting the petitioner by providing the correct forms to fill out and file with the court (see **Appendix F**).

d. **DVPO does not generally change custody or residential time or decision-making**. If a final court order has already been entered giving one parent permanent custody of the child and CA believes the other parent should have custody, the other parent will need to file a petition for modification of the parenting plan. Again, such proceedings may be complicated and DV advocates do not ordinarily assist with such procedures, although the Family Law Pro-Se Facilitators may be a resource. Depending on the circumstances, the DVPO court may refuse to transfer custody from one parent to the other unless a modification petition has been filed, may decline to include a child as a minor protected party, or may only enter a DVPO for a very short period, even if the court finds that the child abuse has occurred or that an imminent fear of such harm has been proved.

e. **Child neglect or suspicion of child abuse alone is insufficient for a DVPO on behalf of the child**. Cases involving child neglect, unaccompanied by actual physical abuse or threats of physical abuse, are not appropriate for the DVPO calendar. Similarly, neither are cases in which there is suspicion of physical or sexual abuse without competent evidence.

f. **The DVPO calendar should not be used as a means to suspend parental-child contact while CPS completes its investigation**. This cannot occur unless the parent requesting the protection order can provide actual evidence to the court of physical or sexual abuse or fear of imminent harm of such abuse of the child.

g. **There must be adequate evidence of physical or sexual abuse of the child**.

   i. Adequate and legally sufficient evidence will usually require a sworn statement from someone with first-hand knowledge of the child abuse or first-hand knowledge of circumstances that would lead a court to conclude that physical or sexual abuse was occurring or had occurred or that there is reasonable fear of imminent harm if a DVPO is not granted on behalf of the child.
   ii. A "voluntary services contract" between one parent and CA to suspend visitation is not in and of itself sufficient evidence of DV or child abuse.
   iii. Evidence from CA, a medical provider, or another person who believes that the child may be at risk for abuse, and thus, that a DVPO should be entered on behalf of the child, must be made in a writing made under oath, signed, and dated, with place of signature included.
   iv. CA should provide all pertinent information in writing, signed under oath and dated. Information provided should be specific about DV and the risk to the child, the ability of the petitioning parent to protect, what other services are being provided, and why CA believes a DVPO is appropriate for the child or family. One form of a sworn declaration is as follows**: I swear under penalty of perjury under the laws of the State of Washington that this statement is true and correct.**
   Date: _____ Place:_____ Signature:_____

B. **DVPO Referral Process**: The DVPO process and its limitations should be carefully considered before CA recommends, after obtaining a DV survivor's input, that a parent seek to obtain a DVPO. If the parent is referred to the protection order process, other involved agencies should be consulted to ensure appropriate interventions and support. The following steps should be considered when making referrals for DVPOs:

1. Review, with the parent, whether there is a pending dissolution or paternity action. If so, the DVPO should be filed with the existing case number, in the court handling the pending matter, and with notice to all attorneys or parties in the pending case. Any temporary orders should be reviewed to determine if they adequately protect the children.
2. If a dissolution action or paternity action has been concluded, review the final orders to determine if they adequately protect the children. If not, and the parent cannot afford an attorney, determine if the parent is capable of adequately representing himself or herself in the DVPO proceeding.
3. Determine if the parent or legal custodian is sufficiently capable and motivated to follow through with a potentially complicated court process. Does the parent have parenting issues that may result in the court requiring services such as entry into drug treatment? If so, is the parent likely to follow the court's orders or will the parent avoid dealing with required services? Consider the parent's literacy and language barriers in terms of their ability to navigate the court process.
4. Determine if the petitioning parent has sufficient evidence to present to the court to allow the court to take action. Has CA provided necessary evidence by way of sworn declarations? If not, will a CA social worker be available to testify at the hearing?
5. Determine if the petitioning parent will need help filing a DVPO petition. Petitioners can be referred to the King County Protection Order Advocacy Program where an advocate can assist with the preparation of the petition (see **Appendix F**). Generally the advocates are not readily available for enforcement issues.
6. Determine if the parent has family law concerns. Parents needing assistance with family law matters should be referred to the Family Law Pro-Se Facilitators (see **Appendix F**).

C. **DVPO and Court Process Considerations**:

1. If one superior court is already exercising jurisdiction over custody and visitation of children, it may not be appropriate to refer the parent to another court for a DVPO.
2. If a juvenile court has entered any order under RCW 13.34, such as a shelter care order in a dependency case or guardianship, no other court may enter orders regarding contact with the child unless the juvenile court enters an order granting "concurrent jurisdiction," which allows the other superior court action to proceed.
3. If one superior court is handling a divorce, paternity or protection order action involving children, generally that court should handle any protection order issues involving the children. A parent may not simply go to another court to try to get a different order without first obtaining permission from the first court by way of a motion for change of jurisdiction or venue. Such motions are complicated and it is not reasonable to expect an unrepresented parent to be able to successfully bring one.
4. If CA believes that an existing court order fails to protect the child, CA may file a petition in juvenile court, but should not expect the parent will otherwise be able to go to a different court to get a different result.

D. **Communication Between Family Court, FCS, and CA/CPS**:

1. Communication regarding cases does not require separate signed authorizations. However, the following agreement is intended to facilitate the exchange of information between King County Superior Court FCS and Region Four CA/CPS. FCS may call CA/CPS for information in order to provide a CA/CPS status report to the court during the course of DV assessments or parenting plan evaluations.
2. Information may be shared between CA and the court based on RCW 13.50.100, which permits the sharing of relevant and necessary information when the court is conducting an investigation regarding the child (also see Section Three: Information Sharing).

a. If the case is **open to CA services**, the FCS social worker should first contact the Disclosure Unit who will confirm the caller's identity and the existence of an order. Orders should be emailed to the Disclosure Unit prior to contacting CA. The Disclosure Unit will refer the FCS social worker to the assigned CA social worker, or supervisor, if the social worker is not available.
b. If the case is **closed to CA services**, FCS can call the Disclosure Unit who will provide agreed upon information regarding past case activity, findings, recommendations and referral information.

3. The following procedure will be used when a call is received by CA from a FCS social worker requesting case and/or status information:

a. The CA social worker will confirm the FCS social worker's identity.
b. The CA social worker will obtain the court cause number and/or the FCS case number.
c. The CA social worker will inquire as to what information is requested and the reason for the requested information.
d. The CA social worker can provide the following information:

i. Case history,
ii. Child maltreatment, neglect or abuse findings,
iii. Recommendations, such as safety plan information,
iv. Brief description of the allegations,
v. Status of referral: information only, accepted, third party, and
vi. Referrer type, such as physician, counselor, school personnel, relative, or parent. CA will provide the referrer type and not the referrer's specific name.

e. The CA worker will document the call, the FCS worker name and the request for information in a Service Episode Record (SER) with the cause number and/or FCS case number included.

4. CA should respond promptly when asked for information by family court, FCS or other recipients designated by a court order. CA may be asked for information on families with whom it has been involved, even if CA did not refer the petitioning party to the PO calendar. For example, the court may order a "CA Status Report to Family Law," and this requires CA to provide information to the court on the status of any investigations or services provided. The status report order will direct CA to provide the information to FCS or other designated recipients and will set a deadline. If CA cannot comply with that deadline, the CA social worker or supervisor should send a letter to the court, to the parties, and to the designated recipients, so stating and suggesting another deadline.

5. **FCS Referrals to CA Intake**:

a. If FCS has concerns about both parents' ability to care for the children, or has unreported CA/N allegations, FCS will make a new CA Intake report.
b. Some referrals made to CA Intake involve custody issues where one parent makes a complaint against the other. CA Intake will use its screening tools to determine if these reports meet sufficiency screening for CPS investigation.

E. **CA Investigation Findings**: CA determines CA/N findings and, in that regard, screens for DV and assesses the risks, if any, posed by the DV to the children.

1. Sometimes CA cannot ascertain whether or not a child has been abused or neglected. If the complaining parent disagrees with a CA CA/N finding, the parent may raise his or her

concerns with FCS during its parenting evaluation in the family law case or during its DV risk assessment for civil DVPO cases.

2. A FCS social worker, who wants to know about prior CA findings or assessments, may contact the CA Intake and request the name of the CA social worker or supervisor to whom the family was referred.

F. **Family Court Services (FCS) Resources**:

1. FCS does not have the resources to fund sexual abuse evaluations, psychological evaluations or other evaluations for the children and their family members. For example, FCS does not have a contract to provide sexual assault assessment services with the Harborview Center for Sexual Assault and Traumatic Stress.
2. FCS staff provides DV Assessments for the court when DV issues are raised in a DVPO petition, and cannot be resolved by the commissioner at the hearing.

    a. The court must order a FCS assessment or investigation for the family to receive services from FCS.
    b. Typically, the FCS social worker interviews the parents and investigates their claims; reviews court, police, medical and other records; and contacts collateral agencies to determine history of services.
    c. FCS will also make recommendations to the court regarding appropriate services for the parents, where the child should live, and what type of contact, if any, should be allowed between the other parent and child.

3. The court may also order FCS to provide a parenting evaluation in a pending dissolution, modification or parentage action.

    a. FCS services may include parent child observations and home visits.
    b. FCS does not provide psychological testing, specialized testing, or specialized mental health assessment. Generally, the parents must pay for such specialized services. It can be difficult to determine risk to the child if his/her parents cannot afford specialized services.

Section Five:

DV Screening, DV Assessment, Safety Planning, and Service Plans

INTRODUCTION

An important component of responding to cases involving DV and child maltreatment is the early and thorough screening of cases for indications of DV. It is essential that those screening and assessing for DV have appropriate training so that they are listening for key words and questions during the interview process. This is followed by a comprehensive assessment of the abusive behaviors and safety risks posed to DV survivors and their children. When safety risks are identified, it is critical that safety plans be developed with DV survivors and their children. This section presents best practices for DV screening, DV assessment, and safety planning. It is important to remember that DV screening, DV assessment, and safety planning are ongoing processes and should be continued throughout the time that families are receiving services. The following approaches and questions may not be appropriate in every situation and individuals should contact the program supervisor or administrators for clarifications relevant to their agency. When working with DV survivors and perpetrators, be mindful of potential safety risks to agency personnel, and develop safety protocols for the agency and staff.

I. SCREENING FOR DV

A. **Overview**: DV often is an underreported and unrecognized crime; many acts of DV are not reported to professionals in any formal way. In some cases, professionals do not recognize DV behaviors when it is disclosed to them. Since DV creates safety, power, and control issues, when DV is not identified it diminishes responders' ability to provide effective and safe responses to families. DV screening should be routinely administered with each family. The practice of routine DV screening not only increases the likelihood of DV being reported, but it also increases the likelihood that providers will be able to identify DV when it is disclosed. Through routine DV screening practices, responders are better able to protect and support DV survivors and their children.

1. Screening for DV and assessment of identified DV should only be instituted as part of a larger DV initiative among all entities that includes training to build knowledge and skill development, collaboration among responding entities, and development of proper procedures and policies. Without this careful review of current knowledge and patterns of practice as well as policies and procedural guidelines, providers might misuse information about DV screening and inadvertently increase the danger to DV survivors and their children. Screening and responding to DV are only meaningful when adequate policies, procedures, and services are in place. [8]
2. Be mindful not to overly rely on the presentation of the parties' conduct during DV screening. Sometimes DV survivors may present as unreasonable or anxious, which is not

8 Ganley, A., & Schechter, *S. (1996*). Domestic Violence: A National Curriculum for Child Protective Services. Family Violence Prevention Fund.

uncommon for someone leaving an abusive relationship. Likewise, some DV perpetrators can be quite charming and reasonable to individuals outside of the home.

3. Routine and respectful DV screening is essential in identifying survivors of abuse in order to provide appropriate, supportive services and community referrals. DV screening is an effective way to detect DV behaviors. For those who do disclose DV, screening questions are also asked to determine the identity of the adult DV survivor and the DV abuser.
4. It is imperative that DV screening questions be asked without causing further risk of harm to DV survivors and their children. When asking DV screening questions, each family member should be interviewed separately. Prior to initiating an interview, CA social workers should refer to the CA Social Worker's Practice Guide to Domestic Violence at http://www.dshs.wa.gov/pdf/Publications/22-1314.pdf.
5. DV screening is essential in identifying potential risks to the child. Screening gives social workers greater context and information about incidents of child maltreatment, and it allows social workers to evaluate if there are specific risks to the child posed by the DV. It also creates the opportunity to offer DV survivors' protective and supportive services that they might not otherwise have accessed.

B. Lethality risk factors are patterns of behaviors that increase the risk of significant harm or death to all family members involved with the DV perpetrator. When working with DV survivors, DV perpetrators, and children, it is important that social workers identify lethality risk factors posed by DV perpetrators' abusive behaviors. This is critical to determine the level of danger posed to DV survivors, children, and social workers. This is also important to determine if imminent interventions are needed as well as how to develop safety plans. However, the absence of these factors does not mean that the situation is safe. Lethality factors are behaviors that may include the following: [9]

1. **Separation violence**. Often, the most life-endangering violence occurs when a perpetrator believes their partner intends to leave or has left the relationship. Separation violence accounts for many emergency room visits and reported DV assaults.
2. **DV perpetrator threatens or fantasizes homicide or suicide**. DV perpetrators, who threaten to kill themselves, partners, children, and other family members are extremely dangerous. The more the DV perpetrator has developed a fantasy or a plan about who, how, when, or where to kill someone, the more dangerous they may be.
3. **DV perpetrator's history of strangulation, rape, or severe physical assault**. Evidence of these prior behaviors is very serious, and increases the DV survivor's risk of severe physical injury or homicide.
4. **DV survivor's predictions of the DV perpetrator's dangerousness**. This is when a DV survivor expresses fear that the DV perpetrator will kill them, their child, or others.
5. **DV perpetrator's attitudes of extreme jealousy, complete ownership, or absolute control of DV survivor**. When a batterer expresses pervasive obsessions about their partner, indicates an unwillingness or inability to live without their partner, or believes they have full entitlement to their partner, they are likely to be life threatening. Examples of these attitudes are manifested in the following statements: "*You belong to me*," or "*If I can't have you no one will*," or "*Death before divorce*."
6. **Escalation of risk taking by perpetrator**. This is when the perpetrator begins to take more risks without regard to legal or social consequences, such as stalking the DV survivor at their workplace, stalking the children at school, or abusing the DV survivor in public locations. These behaviors increase the risk of lethal assault with their intimate partners, children, or other family members.

9 Hart, B. (1988). Beyond a Duty to Warn. In K. Yllo and M. Bogard, Feminist Perspectives on Wive Abuse. Newbury Park, CA: Sage.

7. **DV perpetrator has access to firearms or other lethal weapons**. When a DV perpetrator possesses weapons and has used them or threatened to use them in the past, their access to weapons increases potential for lethal assault. The use of guns is a strong indicator of homicide potential. If the DV perpetrator has a history of arson, fire should be considered a lethal weapon.
8. **DV perpetrator has a manifested drug and/or alcohol abuse problem**. When a DV perpetrator is committing violent acts, and is under the influence of drugs and/or alcohol, there can be an increased level of severity with their assaults.
9. **DV perpetrator has manifested issues of suicidal behavior, depression, paranoia or psychosis.** If the DV perpetrator has acute depression or mental illness, and they see little hope for moving beyond their depression or mental illness, they are at increased risk of committing suicide and/or homicide.
10. **DV lethality risk factors may also be affected by the following**:

    a. DV survivors or their children are physically fighting back DV perpetrators during violent incidents.
    b. DV survivors or their children are having suicidal behaviors.
    c. DV survivors are affected by developmental disabilities, substance abuse problems, or mental health issues, which reduce their ability to protect themselves from DV perpetrators.

C. **DV Screening Recommendations for Agencies**: Screening for DV need not be time-consuming or cumbersome. It is recommended that all agencies identified in this guideline provide DV screening. Although these guidelines make a distinction among screening, assessment and services, these activities should be continuous and ongoing functions since violence could occur at any time while a family is receiving services.

1. **Law Enforcement (LE) Agencies**: LE plays a vital role in determining whether criminal DV is present in some households. Detectives and DV advocates in King County have developed a DV Supplemental Form that can be used to gather DV information at crime scenes. This form provides a fairly comprehensive overview of the scene and can be used to ask questions about the adult DV survivor, the DV perpetrator, and the children at the time of LE response (see **Appendix D**).
2. **Children's Administration (CA)**: Routine DV screening should occur throughout CA services. When DV is documented in a CA Intake report, it is important to obtain information from LE about past and current DV incidents. It is also important to consult with LE about potential safety risks to social workers visiting the family and DV survivors.
3. **Community-Based DV Survivor Advocacy Agencies**: Because DV survivors essentially self-screen themselves into community-based DV survivor services agencies, additional screening to determine if there is DV in their lives is redundant. This guideline does not address formal procedures for these agencies.
4. **Batterers Intervention Programs (BIP)**: DV perpetrators can self-screen themselves into BIP. At times, they may be referred into BIP by the criminal court, civil court or CA system. BIP initial screening for DV should be extensive in order to identify the patterns of abuse, and any behavioral indications that have been associated with increased lethality risks. BIP initial screening for DV should meet WAC-388-60-0165 as follows: [10]

    a. Treatment programs must conduct an individual, complete clinical intake and assessment interview with each batterer who has been accepted into the treatment

10 Washington State Statutory Authority, RCW 26.50.150. 01-08-046, 388-60-0165, filed 3/30/01, effective 4/30/01.

program. The program staff must meet face-to-face with the program participant to conduct this intake and interview

b. Program staff must obtain a DV history. If the program cannot obtain the information, the program's client file must include documentation regarding the program's reasonable effort to obtain the information. The following information, at a minimum, must be obtained by the program staff:
   i. Current and past violence history;
   ii. A complete diagnostic evaluation;
   iii. A substance abuse screening;
   iv. History of treatment form past BIP;
   v. History of threats of homicide or suicide;
   vi. History of ideation of homicide or suicide;
   vii. History of stalking;
   viii. Data to develop a lethality risk assessment;
   ix. Possession of, access to, plans to obtain, or a history of weapon use;
   x. Degree of obsessiveness and dependency on the perpetrator's victim
   xi. History of episodes or rage;
   xii. History of depression and other mental health problems;
   xiii. History of having sexually abused the battered victim or others;
   xiv. History of the perpetrator's DV victimization along with sexual abuse victimization;
   xv. Access to the battered victim;
   xvi. Criminal history and LE incident reports;
   xvii. Reports of abuse of children, elderly persons, or animals;
   xviii. Assessment of cultural issues;
   xix. Assessment of learning disabilities, literacy, and special language needs; and
   xx. Review of other diagnostic evaluations of the participant.

5. **Legal and Court Services**: Attorneys involved in family law and juvenile court proceedings should inquire whether or not there are issues involving DV and/or child maltreatment, as the existence of these issues impacts the way in which a case is handled and can have a lasting impact on the client. The suggested screening and assessment questions, which follow below, can be adapted for client intake and interviews. Additionally, attorneys should perform the following:

   a. Determine if there is any other family law, civil, criminal or juvenile court proceedings pending and/or court orders that involve the DV survivor, the DV perpetrator, and/or the child.
   b. Obtain copies of all court orders including criminal NCOs, DVPOs, restraining orders, anti-harassment orders, and custody or parenting plan orders.
   c. Familiarize themselves with the local court's security arrangements, and if needed, request for additional security personnel well in advance of a hearing date.
   d. Familiarize themselves with the DV services that are available within the community so that appropriate referrals are made as necessary.
   e. Develop safety protocols, such as panic buttons, and other procedures to address the potential safety risks.

6. **Health Care Providers**: Adult patients should be screened for DV in all health care settings, through respectful, sensitive and direct inquiry. The role of the health care provider is not to force disclosure, but to create a safe and supportive environment for the adult DV survivor to talk about abuse if and when they are ready. Health care providers should:
   a. Routinely screen for DV at initial patient visits, and routine exams.
   b. Provide DV screening and assessment only when the patient is alone with their provider.

c. Use standardized DV screening questions that are behaviorally focused, such as the "Abuse Assessment Screen." [11]
d. Refer to the following DV screening guidelines that were developed for health care providers:
   i. Family Violence Prevention Fund: "National consensus guidelines on identifying and responding to DV victimization in health care settings", see http://endabuse.org.
   ii. Family Violence Prevention Fund: "Identification and responding to DV: Consensus recommendations for child and adolescent health", see http://endabuse.org.
   iii. American Academy of Pediatrics: "Policy statements and practice guidelines in screening for DV in pediatric settings," see http://www.aap.org.

D. **Routine DV Screening During Agencies' Intake Processes**: Asking routine DV screening questions with CA/N reports or service referrals provides a critical opportunity for the identification and disclosure of DV. It is recommended that CA Intake refer to the CA Social Worker's Practice Guide for Domestic Violence for further instruction on procedures for DV screening at http://www.dshs.wa.gov/pdf/Publications/22-1314.pdf.

1. Asking about DV allows agencies to make more informed decisions about how best to proceed with families.
2. Asking about DV creates a record of disclosure that can corroborate claims of DV.
3. Information gathered in response to DV screening questions should be documented in agencies' reports/referrals.

a. Agency providers should ask an initial DV screening question at the time of agency referral: "**Do you or someone in the household have concerns that physical abuse or emotional abuse or violence is an issue?**"
b. If the answer is "no," then the intake worker should note that in the report and continue with the intake questionnaire. If the answer is "yes," then the intake worker should ask the following questions to gather more information:
   i. Has anyone in the family been hurt or assaulted? If so, describe what happened, who was hurt or assaulted, and who did it.
   ii. **Has anyone in the family made threats to hurt or kill another family member or him/herself? If so, please describe who made the threats and against whom**.

c. If there are "yes" answers to questions 1 or 2 above, then ask the following questions:
   i. Has anyone been injured? If so, describe who and how.
   ii. Do you know if weapons have been used to threaten or to harm a family member? If so, describe who did it and against which family members.
   iii. Have the police ever been called to the home to stop assaults against adults or children? If so, please describe.
   iv. **How has the violence injured or affected the children?**

E. **Screening for DV in Investigation or Evaluation Processes**: Agency providers should inquire about DV when providing services to families. The following guidelines and questions can be used with DV screening:
1. It is recommended that CA, FCS social workers, and agency providers routinely ask family members about DV as a part of every investigation and family evaluation, regardless of the information that has been gathered.

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11 New York City Department of Health and Mental Hygiene. (February 2007). Intimate partner violence: encouraging disclosure and referral in the primary health care setting. City Health Information, 26 (2), 7-14.

2. Screening for DV should be ongoing since disclosure and violence may occur at any point during the family assessment or service delivery process. DV screening should be done separately with each individual in the family.
3. It is recommended that CA social workers refer to the CA Social Worker's Practice Guide for Domestic Violence at http://www.dshs.wa.gov/pdf/Publications/22-1314.pdf.
4. The DV screening questions should be preceded with a framing statement in order to introduce and normalize the questions. An example might be, "**I have some questions that I ask everyone I work with. I'm going to ask you these questions now**."
5. All efforts should be made to screen families in the client's language of choice and cultural barriers should be identified during screening.
6. Ask behavioral questions that seek descriptions of behavior and not just the impact or meaning of behaviors.
7. Ask questions in a calm, matter-of-fact manner.
8. When responses are vague or confusing, briefly ask further questions for clarification.
9. Always thank the person for the information.
10. The effectiveness of this screening tool relies in part on the nature of the relationship between the questioner and the questioned.
11. Be aware that when you are conducting DV screening, you do not know who the DV perpetrator is and who the DV survivor is; therefore, DV screening questions should query for both acts of abuse and victimization.
12. Be aware that DV survivors may use violence at times for self defense.
13. The following DV screening questions can be easily and quickly incorporated into other agencies intake processes. If there is a "yes" answer to any of the four questions, DV is indicated. [12] *These questions provide an example and your agency may develop its own line of questions*.

    a. **Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?**
    b. **Have you hit, kicked, punched, or otherwise hurt someone within the past year? If so, whom?**
    c. **Have you ever felt controlled or isolated by a current or past partner? If so, by whom?**
    d. **Have you controlled or isolated a current or past partner? If so, whom?**
    e. **Do you feel safe in your current relationship?**
    f. **Is there a partner from a previous relationship who is making you feel unsafe now?**
    g. **Is there a partner from a previous relationship that you are making feel unsafe or threatened?**

F. **Supporting DV Survivor Disclosures**: It can be very difficult for a DV survivor to make disclosures about the abuse they are experiencing. It is very important that DV survivors be made to feel comfortable and supported when disclosing their sensitive information. It is also important to validate their experiences. Support and concern can be expressed to survivors with the following statements:

1. **"I believe you."**
2. **"I am concerned about your safety and well-being."**
3. **"I imagine this situation must be very difficult for you."**
4. **"You are not alone."**
5. **"Thank you for telling me."**
6. **"I am concerned about the safety of your children."**

12 The field worker screening tool recommended by this committee was adapted from the Partner Violence Screen (PVS), originally developed as an emergency room screening by Dr. K. M. Feidhaus and her colleagues at the Denver Health Medical Center. The PVS has been demonstrated as an effective tool in identifying survivors of abuse quickly.

II. ASSESSMENT OF DV

A. **Overview**: When screening has identified that there are DV indications in a family, a comprehensive assessment of the DV behaviors and safety risks should follow. The purpose of DV assessment is to determine the dangerousness of the DV patterns, the effects of DV on the family members, the specific risks to children posed by the DV, and the protective factors. DV assessment is an interview process and not a tool. The information obtained from a DV assessment helps to guide the development of safety plans, case plans, and referrals to appropriate services and supports. The DV assessment can help provide important information to the court when they are making determinations about protection orders and parenting plans. DV assessment questions should ask information about the following:

1. The dangerous or lethality of DV behaviors to DV survivors, children, DV perpetrators, and others.
2. The effect of DV behaviors on DV survivors and their children.
3. The existing protective factors that may mitigate the danger or risk of harm from the DV.

B. **Assessing for Lethality Risks**: It is important that social workers and providers, who are trained to make a careful assessment of the risks posed to DV survivors and children, understand the lethality risks afforded by DV perpetrators' abusive behaviors (refer to Section 5, subsection I B for a description of lethality risks). Refer to **Appendix I** for an example of a Danger Assessment tool.

C. **Guidelines for Interviewing Families**: [13]

1. Determine social worker safety needs for the interview process and plan accordingly.
2. Conduct DV assessments without causing further risk of harm to DV survivors and their children.
3. ***When asking questions about DV, each family member should be interviewed separately.*** Ask, whenever possible, that children, friends and other relatives not be present during assessment interviews.
4. When DV is revealed, immediately make a safety plan for DV survivors and their children.
5. Acknowledge concern for family members' safety if DV is disclosed during a session with other family members present. If there is no immediate safety concern, explore the disclosure in separate, individual sessions with family members.
6. Determine if the adult caregiver has separated from the DV perpetrator, is currently leaving the relationship, or is staying with the DV perpetrator. Each of these situations presents unique risk and safety considerations, which should be addressed in the assessment. DV assessment will differ depending on individual family circumstances.
7. Consult with DV survivors about their protective factors with themselves and their child that may reduce the risk of harm to themselves and their children.
8. Give consideration to the confidence or concern that DV survivors identify with court orders and other court services, CA services, and LE services in keeping themselves and their children safe.

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13 Ganley, A. & Schechter, S. (1996). Domestic Violence: A National Curriculum for Children's Protective Services (CPS), Family Violence Prevention Fund. Manual available through Family Violence Prevention Fund http://www.endabuse.org/

D. **Guidelines for Assessing DV Survivors**:

1. Assess DV through routine, respectful, and direct inquiry. Be mindful of the time and place of the interview, and that one interview may be necessary.
2. Focus on the safety concerns to build an alliance with DV survivors. They may be reluctant to talk with CA social workers because they fear of losing their children or being punished by their abusive partners. Also, some DV survivors may minimize or deny the violence as a way to survive the abuse.
3. Make stronger connections with DV survivors by informing them that they do not deserve the abuse, that they and their children are in danger, and that you help identify ways to protect both themselves and their children. Support and concern can be expressed to survivors as follows:

    a. **"The violence is not your fault and only _____ (name of abusive partner) can choose to stop his or her abusive behavior."**
    b. **"No one deserves to be abused (hit, kicked, beaten, etc.)"**
    c. **"There are options and resources available."**

4. Ask DV survivors if they will feel endangered if the alleged abusive partners are interviewed. If social workers already know about DV through police, CA, and other agency reports, explain to DV survivors that only information received from these sources will be shared with abusive partners. Inform DV survivors how and when interviews with the DV abusers will occur. Ask DV survivors about possible consequences to them and their children of such interviews and plan for their safety. If it appears that interviews with alleged abusers will endanger DV survivors or their children, delay those interviews until their safety is secured.
5. Inform DV survivors about their confidentiality rights, as well as limits to those rights. Explain that information shared by DV survivors will not be shared with suspected abusive partners unless a court requires disclosure. Give DV survivors contact numbers for DV advocacy services where they can discuss DV issues confidentially. Also explain to DV survivors that social workers are required to protect children from harm, and DV survivors' disclosures will be used to plan for children's safety.

E. **Asking DV Assessment Questions with Survivors**: Through this line of careful questioning and listening, information on the patterns of abusive behaviors, risks to the children, and effects of DV on the children can be obtained. Refer to **Appendix J** for a checklist on patterns of DV behaviors.

1. Ask DV survivors questions about DV behaviors used by their partner, such as the following:

    a. **Does your partner ever act jealous or possessive?**
    b. **Has your partner ever prevented you from going to work/school/church?**
    c. **Has your partner ever prevented you from seeing friends or family?**
    d. **Have you ever felt afraid of your partner? In what ways?**
    e. **Has your partner ever followed you?**
    f. **Has your partner ever tracked you by phone, computer or other electronic means?**
    g. **Has your partner forced you to use alcohol or drugs?**
    h. **Has your partner forced you to perform sexual acts that made you feel uncomfortable?**
    i. **Has your partner behaved violently in public or with others?**
    j. **Has your partner destroyed your family's possessions, such as your clothes, photographs, or furniture?**
    k. **Has your partner engaged in reckless behavior, like have they driven too fast with you and the children in the car?**

l. **Has your partner prevented you from calling 911 or other help?**
m. **Has your partner threatened to kill you, or their self, or your children, or other family members?**
n. **Has your partner hurt your family pets?**
o. **Has your partner ever pushed, pulled, slapped, punched, kicked, or burned you?**
p. **Has your partner ever choked you?**
q. **Has your partner hurt you during pregnancy?**
r. **Has your partner threatened you, your children or other family members with a weapon?**
s. **Has your partner used a weapon on you, your, children, family or friends?**

2. Ask DV survivors questions to assess the level of risk of children, such as the following: [14]

a. **Have you ever been afraid for the safety of your children?**
b. **Has your partner threatened to take children from your care?**
c. **Has your partner called, or threatened to call, a child protection agency?**
d. **Has your partner hurt you in front of the children?**
e. **Has your partner assaulted you while you were holding your children?**
f. **Has your partner forced your children to participate in or watch their abuse of you?**
g. **Has your partner hit your children with belts, straps or other objects?**
h. **Has your partner ever touched your children in a way that made you feel uncomfortable?**
i. **Has your partner ever threatened to hurt or kill your children?**

3. Ask DV survivors questions about the effects of DV on their children, such as the following:

a. **Has your child been fearful of leaving you alone?**
b. **Is your child having trouble eating or sleeping?**
c. **Is your child having problems in school or day care or in the neighborhood?**
d. **Has your child behaved in ways that remind you of your partner?**
e. **Has your child tried to protect you or stop the violence?**
f. **Has your child physically hurt you or other family members?**
g. **Has you child hurt themselves or pets?**

F. **Guidelines for Interviewing DV Perpetrators**: [15] Interview guidelines and questions should be developed for each interview, as a personalized interview can better assess the specific concerns of a case. Before conducting interviews, CA social workers should refer to the CA Social Worker's Practice Guide to Domestic Violence, at http://www.dshs.wa.gov/pdf/Publications/22-1314.pdf. Other providers should refer to their agency guidelines and procedures.

1. Essential information from collateral contacts should be gathered from other sources such as LE reports, witness statements, medical records, the Judicial Information System (JIS), school records, treatment providers and probation. If possible, these records should be reviewed prior to interviewing the alleged DV perpetrator.
2. The first consideration in interviewing DV perpetrators is to maintain the safety of the social worker, the safety of the DV survivor, and the safety of their children. If there is information that the DV perpetrator has exhibited dangerous behaviors, such as use of weapons against family members, consult with a supervisor before proceeding.

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14 Minnesota Department of Human Services (2002). *Guidelines for Responding to Child Maltreatment and Domestic Violence.* Guidelines available through www.dshs.state.mn.us

15 Family Violence Prevention Fund (2004). Accountability and connection with abusive men: A new child protection response to increasing family safety. Available through http://www.endabuse.org

3. ***DO NOT disclose information obtained from DV survivors or the children to DV perpetrators***. Social workers can sometimes discuss LE reports or other agency reports about DV in their interviews with perpetrators; however, do not disclose any information obtained from DV survivors or the children to DV perpetrators.
4. When asking DV assessment questions, interview DV perpetrators alone without any family members or others present.
5. Before beginning questions, the social worker should have a clear sense of their goals for the interview, and have formulated the questions that they would like to ask.
6. Clearly explain to the DV perpetrator the reason for the interview and your expectations.
7. Interview alleged DV perpetrators in a calm and respectful way that lowers defensiveness and encourages them to disclose their own abusive conduct.
8. Use open-ended assessment questions with DV perpetrators that allow them a chance to lead the conversation, while giving the social worker an important opportunity to assess the perpetrators thought processes and behaviors. Example questions include the following:

    a. Is the perpetrator a willing informant or do they deny or minimize their behaviors?
    b. Is the perpetrator's is able to accept responsibility for their behavior or do they blame their partner for the problems?
    c. Can the perpetrator talk about the impact of the violence on their partner or children?
    d. If they can accept responsibility for their behavior, how motivated are they to follow a safety plan or service plan?

9. It is important to maintain an environment where the social worker can converse without being subject to intimidation, threats, or disruptive behavior. ***Do not try to force disclosure if the identified DV perpetrator denies their abusive or controlling behaviors***. Social workers do not need DV perpetrators to disclose or confirm that DV has occurred. Angry confrontations often result in retaliation against child or adult DV survivors. Move on to other subjects if the perpetrator refuses to acknowledge or disclose their abusive behaviors.
10. If there are signs of escalation with the DV perpetrator that go beyond a reasonable level of anger or intense emotion, it is advisable to terminate the interview. A suggested response could be, "***It looks like we have gone as far as we can in this discussion. Let's continue at another time***."
11. Notify the appropriate authorities and DV survivors if DV perpetrators reveal information that indicates imminent danger or harm to DV survivors or their children. This is a duty-to-warn situation. Notify supervisors and follow agency policies and procedures.
12. Before starting the questions, it is helpful to normalize the interview process with framing statements: "***I routinely ask assessment questions with family members. I need to ask you some questions about your relationship with your partner and the children***."
13. It is also crucial to remember that when asking questions to DV perpetrators, avoid negative labeling of any problematic behaviors they disclose. Instead focus on their responsibility for their harmful behaviors, such as "***Sometimes people end up doing hurtful things to their families. But people can change their behavior. It's not about bad people, it's about harmful behaviors***."

III. DV SAFETY AND SERVICE PLANS

A. **Overview**: With DV screening and DV assessment, information is provided on DV perpetrators' abusive behaviors, patterns of violence, and other risk factors. When DV is a concern with families, it is critical that DV safety plans are developed with social workers and DV survivors to reduce the risk of harm to DV survivors and their children. Service plans should also be developed with social workers and DV survivors so that safe and effective services and resources can be offered to the family.

B. **Developing DV Safety Plans**: A safety plan should not be confused with a service plan for child victims. Agencies should provide training on appropriate DV safety planning for imminent danger versus ongoing danger. Collaboration with other service providers is essential not only to the development of an appropriate DV safety plan, but also the regular updating of this plan. This will increase the likelihood that effective safety planning strategies are identified and utilized by DV survivors and the children. See **Appendix K** for safety planning tools and resources. CA social workers should refer to the CA Social Worker's Practice Guide for Domestic Violence at http://www.dshs.wa.gov/pdf/Publications/22-1314.pdf.

C. **DV Safety Planning Principles**: In developing DV safety plans, the following principles should be considered:

1. The best way to keep children safe in a DV environment is to keep the DV survivors/caregivers safe.
2. Trust and believe DV survivors about whether or not it is safe for them and their children to leave the home.
3. Consider and respect the ramifications of decisions made by DV survivors on future CA involvement, custody or court proceedings.
4. Ascertain if DV survivors have separated from DV perpetrators, are leaving their partners, or are staying with DV perpetrators. Each of these situations present unique risk and safety considerations and the safety plan will need to address these factors. DV safety planning will differ depending on individual family circumstances.
5. Develop and implement DV safety plans for DV survivors and their children. This plan needs to be a collaborative effort between DV survivors and social workers. DV survivors are to decide as to what is in their best interest and the interest of the children. Code words can help children call for help. School and childcare providers also need to be aware of the DV and be prepared to implement safety measures when needed (see **Appendix L** for examples of safety planning tools for children).
6. When making safety plans, obtain information from DV survivors on what protective measures have been successful and what support the family could utilize by asking the following: [16]

    a. **What have you tried/what has worked in the past to protect your children?**
    b. **Does your extended family know about the violence? What has been the response?**
    c. **Have the police been called? Did that help?**
    d. **Have you ever used a DV services program? What happened?**
    e. **Has your partner ever gone to counseling or to a program for DV? What happened?**
    f. **What do you need now to help protect your children?**
    g. **Have you ever left your home to protect yourself and your children? What happened?**
    h. **Do you feel that a shelter or a protection order would be helpful to you and your children?**
        i. *If yes, ask,* "**Do you want to use these options now?**"
        ii. *If no, ask,* "**What other ideas do you have about ways to keep you and your children safe?**" (For example, are they temporarily staying with relatives or friends?)

D. **Developing Service Plans for DV**. Service plans should be based on concerns and family strengths identified in the assessments. Service plans for children and their families must be flexible and should be regularly updated so that they remain relevant and effective. Both safety plans and service plans should be developed with DV survivors to ensure that safe and effective services are provided to DV survivors, their children, and DV perpetrators. Service plans should

16 Ganley, A., & Schechter, S. (1996). Domestic Violence: A National Curriculum for Child Protective Services. Family Violence Prevention Fund; Ganley A. (2006) Domestic Violence Manual for Judges.

address the DV danger risks posed by DV perpetrators to children and DV survivors. CA social workers should refer to the CA Social Worker's Practice Guide for Domestic Violence at http://www.dshs.wa.gov/pdf/Publications/22-1314.pdf. Considerations for DV Service plans may include the following:

1. Use of empowerment counseling for DV survivors to increase protections for themselves and their children.
2. Education for DV survivors regarding the effects of DV on children and ways to support their children's emotional needs.
3. Education and support of caregivers to avoid the use of physical discipline with their children
4. Safety skills building for children and DV survivors.
5. Appropriate referral and collaboration with community service providers for DV survivors, such as DV advocacy programs, economic and housing services, LE, and court orders (see Section Six).
6. DV survivors should not be compelled to participate in DV program services. Best practice is to have DV survivors, rather than social workers, contact DV programs to request community-based DV services such as shelter, counseling, advocacy, and safety planning services. Service plans or court orders should not require that DV survivors be ordered to participate in community-based DV services such as DV support groups or DV shelter programs. A service plan/order may state, "**DV survivor shall be provided DV information and resources.**"
7. Service plans or court orders should not require that DV survivors obtain a DVPO as this can pose significant safety risks to the DV survivor and their children. A service plan/order may state, "**DV survivor shall be referred to safety planning or support services**."
8. Service plans or court orders should not require that DV survivors participate in couple's counseling as this can pose significant safety risks to the DV survivor and their children. A service plan/order may state, "**DV survivor shall be provided community referrals for advocacy or counseling**."
9. Appropriate referrals to batterer's intervention programs should be made for DV perpetrators.
10. Appropriate referral to community services should be made for children (see Section Six). Professionals, who are specifically trained to understand children's exposure to DV and child maltreatment, should conduct comprehensive assessments of children. Children, who display the following, should be referred for formal assessment of their service needs by a well-trained professional who is competent in understanding the dynamics of DV:
    a. The child's emotional or physical distress is not getting better over time.
    b. The child exhibits behavior problems that disrupt their relationships with parents, family members, and others.
    c. The child's behaviors cause problems at daycare, school, in their neighborhood, or community settings.

Section Six:

Services for DV Survivors, DV Batterers, and Children

INTRODUCTION

In order to appropriately and effectively intervene in cases involving DV and child maltreatment, close attention needs to be paid to the services that are offered or ordered for a family. A description of what services are actually available within the community is important. Additionally, describing the best practices for services to be provided to DV survivors, DV perpetrators, and children can assist providers, courts and other agencies in ensuring that the most effective services are made available. This section focuses on those key areas.

I. **SERVICES FOR DV SURVIVORS**

The primary goal of service planning with DV survivors and their children is to promote enhanced protection for survivors, to address the impact of DV, and to address other risk factors they may be facing. Provided services should be respectful, be sensitive to the survivors' needs, and be in support of survivors' strengths. The providers should be knowledgeable about DV and have expertise in working with issues of DV survivors. All service referrals should be consistent with DV survivors' wishes. Every possible attempt should be made to ensure DV survivors are provided culturally appropriate resources, referrals, and services. Assistance should be provided to DV survivors to develop and implement safety plans. Service plans should include separate goals for each family member. Adult DV survivors and children should be offered services whether or not DV survivors choose to remain with their abusive partners (see **Appendix M** for program descriptions and contact information for community-based DV advocacy services).

A. **Crisis Intervention, Information and Referral**: Several agencies operate 24 hour DV crisis lines. These crisis lines often serve as the first point of access to shelter and other services. They may also provide crisis counseling, safety planning, information, and referrals to DV survivors, their friends, or their family members. Many professionals are also provided with information and consultation through the DV crisis lines.

B. **Emergency DV Shelters**: "***Shelter***" as defined by WAC 388-61A-0025, means a safe home or shelter home that provides temporary refuge and adequate food and clothing offered on a 24 hour, 7days per week basis to DV survivors and their children; however, current demand far exceeds capacity to serve those in need. King County has four confidential DV emergency shelter facilities (81 beds) specifically designed to house battered women and their children who are fleeing dangerous abusers. Their locations are kept confidential, and they have systems in place to protect the physical safety of residents and staff. All offer adult and child residents a range of services and assistance. Several King County agencies have motel vouchers to house families on a limited time basis. Other homeless shelters offer services for women DV survivors and their children.

C. **Transitional Housing Programs**: "***Transitional housing***" as defined by WAC 458-16-320, means a facility that provides housing and supportive services to homeless individuals or families for up to

two years and whose primary purpose is to enable homeless individuals or families to move into independent living and permanent housing; however, current demand far exceeds capacity to serve those in need. Four agencies operate transitional housing facilities that are specifically designed to meet the needs of DV survivors needing longer-term housing and support. All offer a variety of intensive advocacy services for the women and children they house for up to 24 months.

D. **Community-Based DV Advocacy Programs**: DV advocates work in partnership with clients to identify and address a wide variety of client needs, including housing, escorts to court, economic assistance, access to medical care and mental health counseling, emotional support, and safety planning. Services are tailored to meet individual client needs and continue as needed. "Advocate counselor" as defined by WAC 388-61A-0025, means a trained staff person who works in a DV service and provides advocacy-based counseling, counseling, and supportive temporary shelter services to clients. Advocates also provide DV safety-planning services, which focus on the immediate needs of DV survivors and address their level or risk for danger. King County also has a number of agencies that provide culturally specific and diversity specific DV survivor services (see **Appendix O**).

E. **DV Survivor Support Groups**: DV support groups help to break down barriers of isolation and provide a supportive place to discuss DV experiences. Support groups give opportunities to meet other DV survivors who have similar stories and experiences. This may help to give DV survivors' new insights into their own situations. Support groups are also a safe place to talk about their needs, situations, and plans. Clients can participate in whatever way feels comfortable to them.

F. **Basic Needs Assistance**: The following programs are available for ***low-income DV survivors*.**

1. **Financial/Medical/Food Assistance**: When a DV survivor is leaving an abusive situation with little income or resources, they may be able to obtain financial help from DSHS. Survivors can apply through their local Community Service Office for the Temporary Assistance for Needy Families (TANF) program, food benefits, medical assistance, and child care assistance. For DV survivors fleeing an abusive situation, the income and resources of the abuser may not have to be taken into account. Disclosure of DV may exempt the parent from participating in the collection of child support as well as employment related activities of the WorkFirst program until the family achieves a safe environment. DV advocates are available at the DSHS Community Service Offices (CSO) to provide support, information and referrals to DV survivors.

2. **Transportation Services**: Some social service agencies, such as the Salvation Army, may provide bus tickets, gas vouchers or taxi vouchers for transportation to medical appointments, job interviews, legal appointments or other essential needs. Hopelink provides low cost transportation services for clients accessing Medicaid covered services.

3. **Health Services**: If any DV survivor has urgent medical needs, refer them immediately to emergency medical services. Low-income DV survivors may access health care through community clinics that offer low-cost or sliding fee scales based on income. These community clinics do not turn away clients who cannot pay. There are limited community-based clinics in King County that can provide primary health care for clients regardless of their ability to pay (see **Appendix N** for Community Health Access Program (CHAP) number to call for community clinic referrals).

4. **Job Training**: Survivors can benefit from employment service agencies that have an understanding of DV dynamics. Such services can help the survivor increase their confidence and employment skills and also help with workplace safety planning. There are several contracted Community Jobs (CJ) program sites in King County that provide short-term job

training and job placement services for TANF eligible parents. The Seattle Jobs Initiative (SJI) Program provides similar services and is available to low-income City of Seattle residents. The YWCA of Seattle, King County, and Snohomish County is a local partner for both of these programs and is staffed by professionals with DV expertise.

5. **Housing**: An array of shelters and transitional housing is available to DV survivors. See **Appendix M** and the DV and Dating Handbook at http://www.kingcounty.gov/courts/Clerk/DomesticViolence.aspx. Per RCW 59.18.575, survivors of DV, sexual assault, and stalking may be able to terminate their rental agreements. In order to terminate a rental agreement, the tenant must meet the following requirements:

    a. Be a survivor of DV, sexual assault or stalking (or have a household member who is a victim of the above crimes); and
    b. Have a valid order for protection or have reported the violence to a qualified third party (e.g. police) who has provided the victim with a written, signed record of the report; and
    c. Make a request to terminate a rental agreement within 90 days of the violent incident

G. **Address Confidentiality Program (ACP)**: The Address Confidentiality Program (ACP) helps crime survivors (specifically DV, sexual assault, and stalking) stay safe under RCW 49.24. ACP is designed to prevent DV perpetrators from using state and local government records to locate their partners. To participate in the program, the client must be a survivor of sexual assault, DV or stalking; be a resident of the State of Washington; and must have recently moved to a location unknown to the abuser and government agencies. The program is simple and has two basic parts. First, the ACP gives program participants a substitute mailing address. Once enrolled in the program, DV survivors use the ACP substitute address when working with state and local agencies. ACP staff then forward the mail to the survivor's actual residence address. State and local government agencies are required to accept the ACP substitute address. Private companies, though, do not have to accept the ACP address and the DV survivors will need to consider alternative ways to protect themselves when doing business with private companies like phone and cable companies. The second part of the program offers confidentiality for two normally public records: voter registration and marriage records (for more information see: http://www.secstate.wa.gov/acp/). Additional protections are available for those whose abusers are members of LE.

H. **Court Orders**: In Washington State, there are several types of court orders available to DV survivors including Protection Orders (DV, Sexual Assault, and Vulnerable Adult), No Contact Orders, Restraining Orders, and Anti-Harassment Orders. Although orders can be a useful tool in protecting DV survivors and their children, there are differences in the orders regarding how and where they are obtained, who is eligible to file for a particular order, what protections they offer, and how they are enforced. A careful understanding of the orders and their different functions, a careful review of the specific language of an individual order, and a review of the most current order will help DV survivors receive the maximum protection available. (See **Appendix H** for a brief summary of different court orders available to DV survivors.)

1. **Domestic Violence Protection Orders (DVPO)**: A DVPO is designed to protect petitioners who are experiencing physical violence; threats of physical violence (which creates a fear of imminent harm); sexual assault; or acts of stalking perpetrated by a family member, household member, or person with whom they have/had a dating relationship (the respondent).

    a. Although DVPOs are civil orders, a violation of the restraint provisions of the order may result in the arrest of the respondent and the filing of criminal charges.

b. A DVPO can restrain the respondent from committing further acts of harm, from contacting the petitioner or minor children, and from coming within a certain distance of the home, school, workplace, daycare, or other designated location.
c. With the passage of ESHB 2777, effective 6/10/10, a DVPO can restrain the respondent from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in RCW 9.61.260, and using telephonic, audiovisual, or other electronic means to monitor the actions, location, or communication of a victim of DV, the victim's children, or members of the victim's household. For the purposes of this subsection, "communication" includes both "wire communication" and "electronic communication" as defined in RCW 9.73.260. A DVPO can also order the respondent to vacate a shared residence, order use of a vehicle to the petitioner, and order the respondent to obtain treatment or other services.
d. Teen victims of dating violence can seek a DVPO. RCW 26.50.020 was amended with the passage of ESHB 2777, effective 6/10/10, so that teen victims, who are ages 13 to 16 years, may seek a DVPO with the help of parent, guardian, *guardian ad litem*, or next friend, which is a person over 18 years of age pursuing a minor child's interest. Teen victims, who are ages 16 to 18 years, may file a DVPO petition without a guardian or next friend.
e. A DVPO can be a valuable tool in DV cases; however, in some cases, they may escalate violence. For this reason, it is important to consult with DV survivors and discuss the potential impacts of applying for a DVPO. It is also important to recognize that a PO should only be considered in conjunction with, not in place of, safety planning measures.
f. DV survivors can receive assistance in filing a DVPO with a Protection Order Advocate from the King County Prosecuting Attorney's Office, Protection Order Advocacy Program. Protection Order Advocates can provide information and referral to social service agencies, education/preparation for court hearings, and advocacy during and after court hearings. Advocates are available to help in three locations: King County Superior Court in Seattle (206-296-9547), Norm Maleng Regional Justice Center in Kent (206-205-7406), and King County District Court East Division in Redmond (206-205-7012). Information is also available through http://www.protectionorder.org/.
g. Orders of protection specific to the needs of sexual assault survivors and vulnerable adults are as follows:

    i. **Sexual Assault Protection Order (PO)**: A Sexual Assault PO is an order that is specifically designed for people who have experienced unwanted sexual contact or sexual penetration, as defined by Washington State statute, **by someone other than a family or household member**. A Sexual Assault PO can be filed at any municipal, district, or superior court. Help is available to petitioners filing for sexual assault protection orders. Please contact King County Sexual Assault Resource Center at http://www.kcsarc.org/ or 1-800-998-6423 to request assistance.
    ii. **Vulnerable Adult Protection Order (PO)**: A Vulnerable Adult PO is an order specifically designed for people who are legally defined as "vulnerable" and who have experienced or been threatened with acts of abandonment, sexual abuse, mental abuse, physical abuse, exploitation, neglect and/or financial exploitation by another person. There are no special relationship criteria between the victim and the abuser for this type of order. A Vulnerable Adult PO can be filed at any municipal, district, or superior court. Adult Protective Services (See http://www.aasa.dshs.wa.gov/APS/reportabuse.htm) and the Assistant Attorney General (See http://www.atg.wa.gov/page.aspx?id=2380) can often assist people with this order.

h. **Filing of a DVPO**. The Protection Order Advocacy Program of the King County Prosecuting Attorney's Office provides advocacy services to DV survivors and gives

assistance in filing for temporary or full orders for protection. The process for seeking temporary and full orders is described as follows:

i. **Temporary Orders for Protection**: An individual seeking a DVPO can file a petition at any District or Superior Court, and some municipal court locations in King County. The individual seeking the order will be asked to write a statement, which is called a petition that describes the most recent incident or threat of assault and/or DV and provides a history of such incidents. Petitioners may seek protection for their minor children on their request for a DVPO. The petitioner will be asked to provide the respondent's address and birth date. A judge or commissioner will review the paperwork, ask questions, and decide whether or not to grant the DVPO. Since this initial order is considered without notice to the respondent, it can only be a "**temporary order**" valid for 14 days. During the temporary order period, the respondent will be served with the petition and the temporary order, and will be given notice of the date set for the full order hearing. The full hearing will be held two weeks later, at which time the court will decide whether to grant the request for a full order for protection, which can be effective for a year or more. If for some reason the respondent is not served with notice of the full hearing, then the court can extend the temporary order for another limited period of time so that service can be attempted again.

j. **Full Orders for Protection**: At the "**full order**" hearing, the court will ask both parties to testify under oath about the abuse or threats described in the petition. An advocate can assist the petitioner in this process, but cannot speak on behalf of the petitioner during the actual hearing. At the conclusion of the hearing, the court will decide whether to grant or deny the full DVPO, which is effective for a year or more. The petitioner may request a renewal of the order at any time up to three months before its expiration date.

2. **No Contact Order (NCO)**: A NCO is a type of order and is only issued by a court when a criminal charge involving DV has been filed. An arrest must have been made or charges filed against the DV perpetrator before a criminal NCO is issued. When charges are pending, it is advisable to contact the court to confirm that a NCO has been issued. It is important to recognize that the DV survivor does not initiate this order. Although the survivor's wishes will be considered, it is the judge's decision, not the survivor's, whether the order is lifted. Do not assume that children are protected under the NCO, or that the order addresses custody and visitation issues.
3. **Restraining Order**: A restraining order may be issued as a part of a family law case involving divorce, legal separation, or child custody/parentage action. Restraining orders are not issued in all cases. These orders can prohibit certain types of behavior by the other party, such as molestation, harassment, and disturbance of the peace. They can also protect marital or financial assets.
4. **Anti-Harassment Order for Protection**: This type of order is available to persons who are seeking protection from individuals engaged in a pattern of behavior that seriously alarms, annoys and harasses them, and the behavior serves no legitimate purpose. Unlike a DVPO, it is not a requirement that the parties be family or household members or involved in a present or past dating relationship.

l. **Legal DV Advocacy**: Some community-based DV agencies provide legal advocacy to DV survivors. Current demand, however, far exceeds capacity to serve those in need. The word "advocacy" can have many definitions. Please refer to Section Two on roles of DV advocates for legal concerns. Legal advocates may help with the following:

1. Preparation for the courtroom and support in the courtroom.
2. Legal education for client-specific issues.
3. Assistance in procuring protection orders, no contact orders, restraining orders, or anti-harassment orders.
4. Referrals to other agencies, which can provide legal information or services to the client.

J. **Legal Representation**: Legal representation refers to providing civil legal assistance to DV survivors in family law, immigration, and other matters. Some assistance may be available to low income survivors including advice on a variety of legal issues, help with pleadings and temporary orders drafts, help with procedural instructions, and support client preparation for various types of hearings. Staff attorneys will usually become involved after receiving client referrals from social service agencies or DV advocates, and will then coordinate, as necessary, with the advocacy staff. Current demand for low cost legal services, however, far exceeds capacity. See **Appendix N.**

K. **Mental Health**:
1. DV survivors may appear to need mental health services; however, in actuality they may be showing signs of trauma and Post Traumatic Stress Disorder from abuse, such as depression, anxiety, substance abuse, and parenting difficulties. Symptoms of emotional trauma vary by individual and are affected by environmental considerations including the current safety and stability of the survivor and other family members and children. When emotional and/or psychological symptoms and concerns persist and interfere with a survivor's ability to cope, referral to appropriate counseling/mental health services should be considered.
2. Encourage DV survivors to seek support from mental health practitioners for coping and healing before referring them for psychological evaluations. Work from the assumption that focusing on ending the abuse or threat of abuse will have a positive affect on DV survivors and their children's mental health. This framework holds the DV perpetrators accountable for the mental health distress, rather than shifting the blame to some perceived mental health deficiency of DV survivors.
3. Diagnosis of mental health conditions should not be made until the physical and emotional abuse has ceased. A diagnosis of a mental health disorder can be used against DV survivors, and can reinforce the negative messages that DV perpetrators have given them about their mental health or sanity. While there may be a legitimate need for diagnosis or treatment, care should be taken not to treat the condition as the underlying cause of parenting concerns.
4. If there are mental health concerns, DV survivors can be referred for "intake assessments" with mental health agencies. The therapist will determine what, if any, further assessment is needed including psychological evaluations or psychiatric evaluations, and if treatment is needed.
5. Individual, group and family therapy is available at various counseling practices, agencies and mental health centers throughout King County. Providers and agencies vary in their expertise specific to DV when it co-occurs with a psychological or parenting concern. It is important to ask if the provider has expertise in working with issues of DV in the context of providing mental health, counseling, or parenting support services.
6. Some DV survivors may have a mental health diagnoses independent of, or existing prior to, the DV they have experienced. These conditions may be exacerbated by DV. Referrals to mental health services, if not already in place, are appropriate to assess symptoms and develop an appropriate plan to help the person regain or achieve emotional stability.
7. When there is DV and a mental health concern, there should be a referral made to both a mental health practitioner and a local DV agency.

L. **Parenting Groups**: Specialized DV parenting groups that support DV survivors and their children are offered through community DV agencies. Groups may include topics such as the effect of violence on DV survivors and their children, single parenting under extreme stress, effective non-violent discipline, and how an abuser attacks the DV survivors' parenting to maintain control.

M. **Substance Abuse Services:** Referrals for substance abuse assessment and treatment should be made to providers who can appropriately assess for DV. Few programs have resources to address the overwhelming needs of DV survivors who have chemical dependency issues. The

provider's approach should be client-centered, focused on meeting clients "where they are," and aimed at matching the individual client's needs with appropriate services. They should also be collaborative and coordinate well with the other agencies serving the DV survivor.

N. **Services for Teen DV Survivors**: DV specific services for teens are still limited in King County. There are not many resources for teen survivors of dating violence and even fewer for teen batterers. Teens may access adult DV survivor services; however, these services are not designed for teen DV survivors. Often, teens are reluctant to talk about DV with professionals until the level of violence is severe. Teens, therefore, benefit from services tailored to address their unique needs. See **Appendix O** for resource lists for teen DV survivors.

O. **Services that are Inappropriate in DV Cases**:
   1. Participation in any service that increases the potential risk for further abuse or injury to DV survivors and their children are not recommended.
   2. Any service that blames DV survivors for the abuse, does not hold DV perpetrators fully accountable for their abusive behaviors, and does not hold DV perpetrators accountable for changing their abusive behaviors, should be avoided.
   3. Couples counseling, mediation, family group counseling, and anger management programs for DV perpetrators can increase the level of danger to adult DV survivors and children. These services are contraindicated if the abusive partner has not engaged in and successfully completed counseling to address their violent or abusive behavior towards their partners and their children. During the initial DV assessments and safety planning stages, these services should not be considered.

II. SERVICES FOR BATTERERS

A. Batterer Intervention Programs (BIP): [17]

1. **BIP Overview**: The primary goals of BIP are to protect the safety of DV survivors and children and to hold DV perpetrators accountable for their abusive, controlling, and coercive actions with DV survivors and children. All treatment decisions must adhere to these goals. BIPs should do the following:

   a. Work with individuals who genuinely recognize and demonstrate motivation to address their controlling behavior. DV perpetrators who re-offend or continue to blame their partner and others for their abusive behaviors may be terminated or asked to start over with BIP services.
   b. Utilize Cognitive-Behavioral, Psycho-education, accountability-based, and same-gender groups as these are the current interventions of choice for DV perpetrators.
   c. Work best when motivational enhancement techniques are employed.
   d. Terminate individuals who continue coercive controlling behavior. Research indicates that at least 20% of DV perpetrators are not amenable to treatment and should be screened out of BIP treatment at intake or any time during treatment.
   e. Provide safe, confidential and timely information to DV survivors.
   f. Work closely with community DV survivor services, and civil and criminal courts. This is called the coordinated community response and is the only known effective intervention for DV.
   g. Conduct intake assessment to determine potential clients' appropriateness and amenability for BIP participation. BIPs do not perform forensic evaluations to determine whether or not an individual has been domestically violent.

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17 Massachusetts Department of Social Services (2004). Accountability and Connection with Abusive Men: A New Child Protection Response to Increasing Family Safety. Family Violence Prevention Fund.

2. **Considerations for BIP Providers**: [18] Program referrals should only be made to state certified programs that have a track record in the community of following curriculum standards as set forth in the WAC 388-60. Additionally, only BIP programs that strictly adhere to supporting and maintaining DV survivor contact (when requested by the survivor), survivor confidentiality and survivor autonomy should be utilized. See **Appendix P** for a list of state certified BIP providers. Contact the DSHS DV Perpetrator Treatment Program Manager at www.dshs.wa.gov for questions or concerns regarding a BIP. Local community-based DV agencies can also provide valuable information regarding the practices of BIP providers in their area.

3. **Key Components of an Effective BIP**. BIP providers should perform the following:
   a. Attempt to immediately notify DV survivors or their advocates of DV batterers' participation, termination, or decline for services with descriptive information.
   b. Adhere to transparent policies regarding DV survivor confidentiality and safety in coordination with survivors and their advocates.
   c. Demonstrate genuine ability to work cooperatively with DV survivor advocacy programs, CASA/GAL, courts, probation, CA and other agencies as part of a larger coordinated community response.
   d. Document assessments of DV perpetrators risks to survivors, children, and others at intake and throughout treatment. Provide timely information to DV survivors and authorities as necessary.
   e. Screen DV batterers at intake for: motivation to change, organic impairments mental health issues, chemical dependency, violence associated chemical use, and sexual deviancy.
   f. Refer DV batterers for evaluation and treatment only to professionals who understand the dynamics and issues associated with DV. Adjunct treatment must support the BIP goals of DV survivor safety and autonomy.
   g. Utilize a framework that holds DV batterers accountable for the abuse, and avoids blaming DV survivors for the abuse.
   h. Monitor compliance with any recommended adjunct treatments and confirm the abuser is stable in these areas before beginning DV treatment. Being out of compliance in any of these adjunct treatments is considered out of compliance with BIP.

4. **Batterer Intervention Program (BIP) Limitations**:
   a. BIP treatment is most effective with first time misdemeanor level DV batterers who do not have serious mental health, chemical dependency or sexual deviancy issues.
   b. BIP treatment may not be effective for individuals with repeat, felony level DV incidents; chronic chemical dependency; chronic mental illness, sociopath personalities; or individuals with an absence of motivation to change. For these individuals, BIP treatment may increase the risk to DV survivors by providing these DV perpetrators with vocabulary and new tactics to control their partners.
   c. Attendance and completion of a BIP results in various degrees of change in DV batterers' behavior and actions. Therefore, any increased access to children or parenting plan modifications should be conditioned upon reassessment of a perpetrator's behavior and attitude post completion of a BIP and not rely solely on completion of the program. This reassessment should be conducted by an evaluator, who is knowledgeable about the effects of DV on children, and in consultation with the survivor and BIP.
   d. Couples or family therapy is not a replacement for BIP.

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18 Ganley, A. & Schechter, S. (1996). Domestic Violence: A National Curriculum For Child Protective Services. Family Violence Prevention Fund.

5. **Questions to Ask BIP to Determine Program Quality and Effectiveness**:

   a. **What are your policies and procedures concerning DV survivor contact?**

      i. A BIP is mandated to contact DV survivors within 14 days of DV perpetrators' intake appointments to offer assistance in safety planning for DV survivors and children and to inquire about violence history. This contact is recommended to be by phone. If a phone number is not available, attempts to access DV survivors through legal or community advocates should be made with the message conveyed that survivor contact with BIP is optional.
      ii. DV survivors should be informed that all information they release to BIP is confidential, kept in a separate file, and only presented to DV perpetrators with the DV survivors' written permission. The BIP should advise the survivor that both the degree of contact as well as the amount of information provided to BIP is optional.
      iii. Proper contact should include an invitation to call the BIP any time DV survivors have questions regarding DV perpetrators' participation or the program content. Calls can also be made if concerns regarding DV perpetrators' actions, attitudes, and behaviors arise.
      iv. A BIP is required to immediately notify DV survivors of any concerns the program has with DV perpetrators' actions, attitudes, and behaviors. A BIP must also notify DV survivors when perpetrators move to a new phase or treatment, or leave the program.
      v. At a minimum, the BIP should attempt to send written disclosures to DV survivors concerning the limitations of batterer's treatment, resource information for obtaining POs for all adult and child survivors, including addresses and phone numbers, so they can know what to expect and pursue further assistance if they choose.

   b. **Does the BIP base their program on specific education curriculum?** As required by WAC 388-60-0245 a BIP education curriculum should address the following with their program participants:
      i. Belief systems that allow and support violence against women and children;
      ii. Belief systems that allow and/or support the use or threat of violence to establish power and control over an intimate partner;
      iii. Definitions and types of abuse;
      iv. Perpetrators' acknowledgement of responsibility for their abusive behavior;
      v. Perpetrators should avoid blaming DV survivors for their abusive behavior,
      vi. Perpetrators' acknowledgement of meeting their financial and legal obligations to family members; and
      vii. Perpetrators development of responsibility plans.

   c. **Does the BIP have a specific and significant component on the effects of DV on children, rigid authoritarian parenting behaviors, and the abusive use of children against the other parent?** As required by WAC 388-60-0245, programs are mandated to provide curriculum that includes the impact of abuse and battering on children, and the incompatibility of DV and abuse with responsible parenting. A BIP should teach participants what responsible parenting and co-parenting looks like. BIP should address how abusive use of the legal system in child custody disputes is contrary to responsible parenting and will be considered non-compliant with program participation.
   d. **Does the BIP require all perpetrators with children or contact with children to enroll in and complete a specialized parenting class that addresses the effects of DV on children, parenting and respectful co-parenting with other parent(s)?** Some BIPs provide a specialized "DV Dads" parenting class for perpetrators who have completed

the initial phase of treatment. DV perpetrators, who have contact with children, should be required to complete a DV Dads parenting class. Acceptance into such a class must be conditioned upon perpetrators having demonstrated an understanding of, and established a track record of, non-controlling, non-abusive behavior towards their intimate partners. DV perpetrators should remain in the primary BIP until completion of the parenting class. Non-compliance with that parenting class should equate to non-compliance with primary BIP.

e. **What is the response of BIP to perpetrators who blame and focus on DV survivors' and children's behavior?**
   i. As required by WAC 388-60-0245, programs must base all treatment on strategies and philosophies that avoid blaming DV survivors for perpetrators' abuse.
   ii. Perpetrators who continue blaming DV survivors for the abuse and minimizes their own behaviors should be placed on probation with the BIP and given specific instructions/homework to address these beliefs.
   iii. If perpetrators continue blaming DV survivors and minimizes their own behaviors, they should be discharged from the program. A detailed written explanation specifying the reasons for the discharge should be sent to the perpetrator, survivor and any other involved courts or professionals.

f. **Does BIP have clear written exit criteria presented to perpetrator and made available to survivor?** A BIP must have written criteria presented to perpetrator for successful completion of the program and should provide a copy to survivor upon request. The exit criteria must include the stopping of all abusive and controlling behavior; compliance with all court orders and child support orders; and compliance with any other conditions of the contract for treatment such as chemical dependency, parenting classes, mental health or sexual deviancy.

g. **What does BIP do with a perpetrator who has a pending court action?** A BIP should inform DV perpetrators seeking to enter their program with an active, unresolved court case that it may be advisable to delay entry into the BIP until after the court case is resolved. Often BIP participants who have unresolved court cases find it difficult to comply with the BIP mandate of being accountable for controlling behavior and refraining from blaming partners. A common statement in-group from a BIP participant involved with an active case is as follows: "My lawyer told me not to say anything about violence or abusive behavior."

h. **What perpetrator actions/attitudes/behaviors does BIP define as being "out of compliance" with the program?** A BIP should have uniform and predictable written guidelines for discharging those who do not satisfactorily complete the program or who are out of compliance. Out of compliance behaviors include continued controlling and abusive behavior, abusive use of legal system, and non-compliance with court orders or other recommended professional treatment.

i. **What are BIP consequences for perpetrators being "out of compliance"?** A BIP must have written policies that include consequences if perpetrators re-offend during treatment or do not comply with program requirements. Consequences should include placement on probationary status with specific actions perpetrators must take to be in compliance, re-start of the program at week one, and discharge from the program either with or without the possibility of re-enrollment. At any time there is a consequence made, prompt notification must be made to DV survivors, courts, probation, GAL and other treatment professionals. In the event of discharge, the BIP must notify DV survivors, probation, and criminal or civil court, if involved, within three days.

j. **What survivor community services organization does BIP partner with and what does the partnership look like?** A BIP should have a collaborative and respectful working relationship with local survivor community services agencies as well as participate in regional inter-agency groups working on issues of DV. Community service agencies are aware of the BIP programs that are collaborative and do good work.

k. **What is the policy of BIP when one of its' staff is blaming, confrontational, dismissive or disrespectful of survivor?** Under WAC 388-60, any person may submit a written complaint to DSHS if there is a concern that a BIP program has acted in a way that places victims at risk or has failed to follow standards. A BIP should immediately address concerns about any staff member who acts in a disrespectful way with any program participant, survivor, advocate, court, or any other professional. Staff conduct that is incompatible with the belief and attitude of promoting respectful, non-abusive, collaborative behavior should not be tolerated. This conduct includes minimizing participants' abusive behaviors, blaming DV survivors or writing supportive documents in opposition to DV survivors to the court or other professionals. BIP staff, who do not demonstrate an understanding of the intent and application of DV perpetrator treatment as outlined in WAC 388-60 , should be discharged. Complaints can be made to DSHS Children's Administration's office at **360-902-7901**.

l. **What is the length of your BIP?** Per WAC 388-60 BIPs must consist of a minimum of 26 consecutive weekly sessions, followed by six months with one or more sessions per month, for a program total of 12 months. However, the time required for a participant to fulfill all conditions of treatment is set by the treatment program. Satisfactory completion is not based solely on participating in the program for a certain amount of time or attending a certain number of sessions. Each BIP should tailor the treatment plan to the individual, even if this results in more than 12 months of participation. Programs that routinely complete participants in 12 months should be considered suspect.

B. **Other DV perpetrator's Services**:

1. **Individual Psychotherapy:** [19] **Psychotherapy should not be considered an appropriate substitute for participation in a BIP, except in cases where the abuser is too acutely impaired or disruptive to function in a group setting**. Some abusers may have additional mental health issues that require psychotherapy, concurrent with their participation in a BIP. Any individual psychotherapist working with an abuser should be familiar with the dynamics of battering relationships, safety planning for DV survivors, and safe behavior planning for abusers. Individual psychotherapists must be willing to obtain a release of information from their client to provide information to the appropriate entities involved in the case, such as CA, the courts, other treatment agencies, and DV survivors. Training, experience, and understanding regarding DV varies among psychotherapists; therefore, it is prudent to ask a clinician some of the following questions:

a. **What is your understanding of the causes of DV?** A psychotherapist who works with perpetrators should understand the coercive use of power and control including the subtler emotional, psychological, economic, legal and abusive use of children. Individual therapy should only occur when a client has serious mental health issues that interfere with their ability to cope with daily living, and should not replace group DV treatment.

b. **What specific training and/or experience have you had related to issues of DV?** Psychotherapists, who work with batterers, should have attended training workshops on the full range of DV issues including the effects on children. Working with DV perpetrators is different than working with other clients in that a certain amount of manipulation, minimizing and blaming attitudes, and behavior are to be expected. Traditional psychotherapy has a tendency not to challenge, but rather to therapeutically go along with the client's perspective. Psychotherapists should also have experience working with DV survivors and demonstrate knowledge of the effects of DV on survivors and children. They should have an approach that focuses on the accountability of

19 Massachusetts Department of Social Services (2004). Accountability and Connection With Abusive Men: A New Child Protection Response to Increasing Family Safety. Family Violence Prevention Fund.

perpetrators' actions, behavior, and attitudes. Their approach should not blame DV survivors for the batterers' abuse.

c. **How much responsibility should a perpetrator's partner take for the perpetrator's abusive behavior?** DV perpetrators should take full responsibility for their abusive behaviors and learn, additionally, how they can be the cause of aggressive and manipulative behaviors on the part of their partners through fear and intimidation. In cases where their partners' ability to trust them is beyond repair because of the abuse, perpetrators need assistance in "letting go." This includes learning how to respectfully end a relationship and be a co-parent if separated or divorced. A psychotherapist should understand that, per RCW 26.09.191, in the event of separation or divorce, the children would primarily reside with DV survivors who will have sole decision-making for the children.

d. **How do you balance assisting a client in working through their past trauma without allowing them to use that as an excuse for their abusive behavior?** There are usually traumatic events in a DV perpetrators' childhood that shaped their attitudes and behaviors toward children and intimate partners. Often these attitudes and behaviors have been modeled by their parents, relatives, and friends. Individual therapy is helpful only when done in the context of a persistent and concurrent focus on DV perpetrators' responsibility for all abusive attitudes and behaviors. This is accomplished by examining past traumatic experience as a means of achieving understanding, motivation and action towards respectful attitudes and behaviors with current children and partners.

e. **What are your procedures for obtaining release of information forms from DV perpetrator clients?** Psychotherapists, who work with DV perpetrators, should insist on confidential contact with DV survivors and other professional providers including DV batterer's treatment. Batterers, who decline to sign release of information, should be respectfully declined treatment. Effective treatment only occurs in the context of a coordinated response.

2. **Chemical Dependency Treatment**: [20]

a. Chemical dependency program staff should be knowledgeable about DV. Some chemical dependency programs use strategies that may inadvertently endanger DV survivors, such as requiring family sessions, implying that survivors' survival strategies are "enabling" the chemically affected person's addiction, or indicating that either DV survivors or DV perpetrators' chemical dependency caused the DV.

b. An appropriate chemical dependency program should also maintain close contact with the BIP. A batterer may need to address chemical dependency issues prior to being able to successfully complete BIP, and there must be discussion with treatment providers as to whether concurrent treatment is recommended. A perpetrator may need to address chemical dependency issues prior to entering or completing DV perpetrator treatment.

c. When a substance abuse evaluation determines that in-patient treatment is recommended, the client must successfully complete the requirement before entering the BIP. When intensive outpatient treatment is recommended, a BIP may want the client to complete the first phase of substance abuse treatment and progress toward sobriety before starting the BIP.

d. A relapse into substance abuse is often synonymous with a relapse into violent behavior and violence under the influence of drugs or alcohol, and is often associated with more serious injury.

3. **Parenting Classes**: [21] Some BIPs offer parenting components within the context of DV. These BIP parenting components are ideal. An abuser is most likely to benefit from

20 Ganley, A. & Schechter, S. (1996). Domestic Violence: A National Curriculum For Child Protective Services. Family Violence Prevention Fund.

participation in a parenting class when they have made significant progress with their underlying abuse issues. Without having made such progress, an abuser is likely to view their parenting as above reproach. Therefore, it is unlikely that an abuser will make major parenting improvements without participation in a BIP combined with experiences of structure, monitoring, and consequences. The parenting program provider for abusers should be knowledgeable about DV. The program should include the following components:

a. Exploring how DV affects their parenting role by:
   i. Discussing the batterer's role in the family and their role as a parent,
   ii. Discussing how DV affects the DV survivor's parenting role and relationships with children,
   iii. Discussing how to be accountable to children for their abusive behavior, and
   iv. Learning appropriate communication skills, assertiveness, and expression of feelings.
b. Providing information about:
   i. Child development,
   ii. The effects of DV exposures on children,
   iii. The difference between child discipline and punishment, and
   iv. Non-violent parenting skills for managing child behaviors, such as using logical and natural consequences.

4. **Supervised Visitation Services**: In an effort to provide safety for the non-abusive parent and children, visitation with the children by the abuser can be restricted. For families open to CA services or other court services, the abuser's access to children can be limited to supervised visitation and/or supervised exchanges. Visits or exchanges may be ordered to occur in a CA office, a public setting, a designated home or office, or in a visitation center. For more information on supervised visitation, see the following subsection III: Services for Children.

C. **Services Not Recommended for DV Perpetrators**:

1. **Anger Management**: Anger management is not an appropriate substitute for participation in a BIP. Most anger management programs are brief interventions, typically 8 to 16 hours, and these programs do not address the underlying belief systems that support abusive behavior and entrenched patterns of abusive tactics. In addition, anger management programs do not have protocols for DV survivor contact, and do not have procedures for ongoing lethality assessments.

2. **Victim Impact Panels (VIP)**: VIPs were first developed for Driving Under Intoxication (DUI) panels so that DUI perpetrators would understand the impact of their criminal behavior on victims, families and friends. VIPs do not translate well to cases involving DV. VIPs are not an appropriate substitute for participation in a BIP. The importance of addressing the power and control dynamics of DV is best accomplished in a BIP program that provides educational tools and offers an experience similar to a VIP, but is tailored to address the unique characteristics of DV. It is not recommended to use of VIP for batterers, and VIP cannot replace BIP treatment as mandated in WAC 388-60.
3. **Couples or Family Counseling:** [22] ***Traditional couples or family counseling should not be recommended when the battering continues or has recently ceased***. Couples counseling is

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21 Bancroft, L. & Silverman, J. G. (2002). The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics. Thousand Oaks, CA: Sage Publications; and Bragg, H. (.2003). Child Protection In Families Experiencing Domestic Violence. U.S. Department of Health and Human Services.

22 Ganley, A. & Schechter, S. (1996). Domestic Violence: A National Curriculum For Child Protective Services. Family Violence Prevention Fund.

based on the assumption that partners, who possess equal amounts of power, can negotiate a conflict. In abusive relationships, there is an unequal balance of power between DV survivors and batterers, as well as a fear of physical violence or coercive attacks when batterers feel challenged. Couples counseling may be appropriate in the future when DV survivors feel they have regained control over their life, and batterers have completed a BIP and have demonstrated commitment to stopping all violence/reducing controlling tactics.

III. SERVICES FOR CHILDREN

A. **Effective Services for Children**: Services should adhere to the following components:

1. Be based on the principle that the best way to help children is through helping DV survivors.
2. Have safety for the child as a primary concern,
3. Provide a range of formal services and informal supports in order to help children heal from their traumatic experiences, and,
4. Have providers that are knowledgeable about DV, are competent in dealing with DV dynamics, and are culturally competent.

B. **Considerations in Making Referrals to Clinicians**: There are no current state requirements to certify mental health providers to provide DV treatment with children; however, the following considerations should be used when referring children to mental health services.[23]

1. Counselors or therapists should have the following knowledge or skills:
   a. Understanding of definitions of abuse, including coercion, power and control.
   b. Understanding of the importance of DV survivor safety and autonomy and how to support those goals.
   c. Understanding of how to screen for DV.
   d. Understanding of potential lethality indicators.
   e. Ability to help individual take steps to improve safety.
   f. Knowledge of local DV resources.
   g. Knowledge of basic legal options such as criminal charges and DVPOs.
   h. Understanding of abuser accountability and how to safely encourage it.
   i. Understanding of children's varying experiences and effects of DV exposures.
   j. Knowledge of children's protective factors that may decrease negative effects of DV exposure on children.
   k. Knowledge and skills to safely and effectively respond to children and families experiencing DV.
   l. Understanding of how cultural issues may affect DV survivors, batterers, children, family, and community dealing with DV.
   m. Understanding of the most current modes of effective therapeutic interventions and evidence-based interventions.

2. Mechanisms need to be developed to protect the confidentiality of children's mental health records from being shared with the abuser.
3. Interventions should include involving DV survivors in their children's counseling. Batterers typically sabotage DV survivors' relationships with their children, and they can benefit from support in strengthening their relationships. DV survivors can also benefit from learning to manage any of their children's negative behaviors that are associated with exposure to DV.
4. Interventions should identify children's resiliency factors or protective factors and strategies on how best to support these factors. For example, increasing the child's contact with

23 Groves, B. M. (1999), Mental Health Services for Children who Witness Domestic Violence in The Future of Children Domestic Violence and Children, Vol. 9, No. 3, Winter 1999, Princeton.

supportive, non-abusive relatives or family members, friends, or community members may decrease the negative effects of DV exposures. [24]

5. Children may have a delay in reactions to DV. Services need to be available whenever the child shows symptoms. Grief and loss issues should be identified and addressed as they arise.

C. **Barriers to Service Access**: Many children would likely benefit from formal services. Unfortunately, numerous barriers prevent children and families from accessing supportive services. This includes cost, as reduced or sliding scale fees for counseling are very limited for children who lack medical insurance; transportation; lack of service providers who are competent to handle DV and/or are trained in evidence-based interventions; limited culturally-specific services; and limited services provided in other languages. Other barriers that prevent DV survivors from accessing services for their children include the following:

1. DV survivors have limited time and energy to get children to appointments in the face of continued threats, harassment, and manipulation by batterers.
2. DV survivors fear that in court proceedings batterers will use their children's need for services against them, and make them seem ineffective as a parent.
3. Batterers often sabotage services by refusing to give permission for children to participate in services, insisting on copies of service records, harassing children and/or service providers, and interfering with the means of payment for services.

D. **Counseling and Support Services for Children**: (see **Appendix Q** for children/youth services lists)

1. **Children's Protective Factors and Risk Factors**. Children can display a wide range of effects from traumatic exposures to DV and other forms of abuse. There are several factors that can influence a child's response to trauma. These factors can be strengths or protective factors that can reduce their risk of problems from traumatic exposures. Or they can be risk factors that increase their risk of problems from traumatic exposures. These factors include the following: [25]
   a. **Characteristics of the Child** or child's age and developmental stage, their prior history of trauma exposures, personality style, intelligence, or coping, their culturally based understanding of the trauma; their beliefs regarding who is responsible for the abuse, and their individual strengths or resiliency skills.
   b. **Characteristic of the Environment** or the immediate reactions and attitudes of those who are close to the child, the type and access to quality supports, the degree of safety afforded to the survivor in the aftermath, the prevailing community attitudes and values, and the cultural and political constructions of gender, race, and sexual orientation.
   c. **Characteristics of the Traumatic Events** or the frequency, severity and duration of the event(s), the degree of physical violence and abuse, the level of terror and humiliation inflicted by the batterer, the persistence of DV threat, and the child's physical and psychological proximity to the DV event(s).

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24 Graham-Bermann, S. A. and Edleson, J. L. (eds.) (2001) Domestic Violence in the Lives of Children: The Future of Research, Intervention, and Social Policy. Washington, D.C.: American Psychological Association.

25 a) Carlson, E.. B.., Furby, L.., Armstrong, J. & Shales, J. (1997). "A Conceptual Framework for the Long-Term Psychological Effects of Traumatic Childhood Abuse. *Child Maltreatment,* 2(3): 272-295, b) Lansford, J. E., Dodge, K. A., Pettit, G. S., Bates, J., Crozier, J.., and Kaplow, J. (2002). "A 12-Year Prospective Study of the Long-term Effects of Early Child Physical Maltreatment on Psychological, Behavioral, and Academic Problems in Adolescence. Archives of Pediatric and Adolescent Medicine*, 156:* 824-830. This study found that physical maltreatment in the first five years of life predicts the development of psychological and behavioral problems during adolescence. Specifically, the researchers found increased levels of anxiety and depression among maltreated children.

2. **Specialized Counseling Services**. It is important that children are first assessed to determine the degree of trauma suffered, to determine if and what services may be helpful to reduce the negative effects from traumatic exposures, and to determine their possible need for counseling. [26] Evidenced-based counseling interventions are preferable and include the following:
   a. **Child-Parent Psychotherapy** supports and improves the bonding and attachment of parents and their young children ages birth to three.
   b. **Parent-Child Interaction Therapy Training (PCIT)** is a parent-training program for parents with children of ages two to eight years. The program strengthens the parent-child bond through teaching and support with parents to improve their communication and parenting skills.
   c. **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)** is short-term therapy for children who have experienced traumatic events, such as DV. The therapy focuses on reducing symptoms of trauma in the child and enhancing the bond between the survivor and child through conjoint sessions and parental support.
3. **Specialized Support Services** are services that are delivered by providers who are well trained in the dynamics of DV, and who provide interventions that address effects of DV on children. This includes child advocate home visitors who work with the children and their parents. Specialized support is also provided through children DV support groups. Support groups work to increase a child's feeling of safety, improve problem-solving skills, enhance social connectedness, and increase school readiness.
4. **Mentoring and Community-based Enrichment Programs**. One study found that only 35-45% of the children exposed to DV had psychological symptoms that required professional counseling. This result indicates that 55-65% of such children may not need immediate formal counseling. Due to the dynamics in violent families, however, virtually all children exposed to DV would benefit from informal supports like mentoring and community-based enrichment programs. Resiliency is promoted in children by increasing contact with positive and caring adults through informal community supports such as school and after school programs, faith based groups, Big Brothers and Big Sisters mentoring programs, or parks and recreation programs.

E. **Protection of Abused Children from DV perpetrator**: RCW 26.44.063 allows the court, in any judicial proceeding in which it is alleged that a child has been subjected to physical or sexual abuse, to order the alleged offender to be excluded from the family home if the court finds reasonable grounds to believe that an incident of physical or sexual abuse occurred. The court may also restrain contact with the alleged child victim and impose additional restrictions, which the court determines necessary to protect the child from further abuse or emotional trauma pending final resolution of the abuse allegations.

F. **Visitation Arrangements**: DV survivors may need support and guidance in identifying issues and making arrangements for their children to visit the abusive parent. Perpetrators need careful guidance in developing parenting skills after stopping abusive behaviors. Supervised visits can help DV perpetrators have positive interactions and visits with their children. Visitation arrangements with abusive parents must be carefully planned and evaluated, bearing in mind the physical, mental, and emotional safety of children and DV survivors. Service providers should be knowledgeable about the challenges and benefits of each of these options in order to effectively

26 Jaffe, P. G., Baker (2004). L. L., and Cunningham, A. J. (eds.), Protecting Children from Domestic Violence: Strategies for Community Intervention, New York NY: The Guilford Press.

assist DV survivors with safety planning for visitation. Visitation arrangements generally fall within the following ranges of restriction: [27]

1. **Informal and non-restrictive**. Liberal access to child, and DV survivor is safe to pick up/drop off child
2. **Formal and somewhat restrictive**. Friend or family member provides supervision, and there are some provisions for time and behavior constraints.
3. **Professional and highly restrictive**. DV trained professional supervisor is at the visit and has very specific behavior guidelines and safety protocols to follow.

G. **Supervised Visitation**: [28]

1. In an effort to provide safety for DV survivors and children, visitation with the children by the perpetrator can be restricted. For families open to CA services or other court services, the perpetrators' access to children can be limited to supervised visitation or that the exchanges are supervised. Visits or exchanges may be ordered to occur in a CA office, a public setting, a designated home or office setting, or in a visitation center.
2. When DV is present, appointed supervisors must fully understand the safety risks to the DV survivor including stalking, harassment, verbal and/or physical assault, and child abduction.
3. Supervisors should have clear behavior expectations for the visiting parent that are thoroughly explained and agreed to in writing by the visiting parent, and they should know how to recognize and intervene to stop manipulative tactics that might cause emotional, mental, or physical harm to the children or the DV survivor. Such tactics can include, but are not limited to the following:

    a. Sending messages to the other parent through the child via gifts, food, promises, or threats.
    b. Soliciting the child to be their confidante, asking the child to provide information about the other parent, or asking the child to take sides against the other parent.
    c. Refusing to pay for services.
    d. Asking for documentation from the provider stating how "good" the visits are.
    e. Persistently pushing boundaries or bending rules.
    f. Persistently challenging scheduled visits or exchange times or being non-compliant with visits and exchanges.
    g. Persistently coercing, manipulating, and using the court. Examples include, making repeated requests for changes in service providers, asking for changes in the length and frequency of visits, and making frequent attempts to modify orders regardless of child's wishes or comfort.

4. Interventions by the visit/exchange supervisor should range from re-direction, to visit termination, to service suspension, and finally, to service termination. Service termination should be investigated and considered before appointing a new provider.

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27 Saunders, D. G. (1998). Child Custody and Visitation Decisions in Domestic Violence Cases: Legal Trends, Research Findings, and Recommendations, National Center on Domestic Violence, PCADV/NRCDV, summary available through http://www.vawnet.org/

28 Bancroft, L. & Silverman, J. G. (2002). The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics. Thousand Oaks, CA: Sage Publications.

H. **Considerations for Ordering Supervised Visitation**. The following factors should be assessed when determining the need for supervised visitation arrangements:

1. **The level and intensity of violence and/or stalking behavior**. If this is a concerns, a lethality assessment may be appropriate.
2. **The immediate safety needs and concerns of the DV survivor**. Whether the DV survivor feels physically safe and/or if there are concerns expressed about abduction, neglect, physical abuse, or active substance abuse.
3. **The age and developmental stage of child**. Whether the child can keep from disclosing confidential address or other information, and is able to protect him or herself from harm
4. **The housing and financial status of the DV survivor**. If the DV survivor is in a shelter, visitation must occur in a safe place. In addition, access to safe and affordable transportation should be considered.
5. **The child's reaction to his or her exposure to the violence**. Counseling or therapeutic visitation may be necessary before further visitation is considered.
6. **The DV perpetrator's level of accountability for actions**. This is the DV perpetrator's compliance or non-compliance with other court orders or conditions of orders, including cooperation with FCS risk assessment, participation in BIP, engagement in substance abuse treatment, participation in parenting classes, and cooperation with court ordered mental health evaluations.

I. **Questions for Interviewing Potential Supervised Visitation Providers**.[29] In considering potential supervised visitation providers, it may be helpful to ask some of the following questions to assess the provider's understanding of and experience with DV:

1. **What training have you had on batterers as parents? During supervised visits, what behaviors may a batterer use that can be detrimental to a child?** These questions should allow you to ascertain whether or not a provider is aware of the manipulative behaviors that a batterer may use.
2. **What is your policy on parents bringing gifts for children during visitation? How do you ensure that gifts, or other items (such as books to read), are appropriate, safe, and do not contain any possible hidden messages?** Gift giving should be limited to specific occasions and pre-approved by the staff and DV survivor.
3. **How do you deal with parents who want to whisper or pass notes to their children? How do you ensure that all communication is monitored?** Some batterers will utilize any opportunity, however brief, to make an inappropriate blaming or manipulative comment.
4. **What steps do you take to ensure that a parent and child are never out of visual range and/or earshot?** The best defense against the type of inappropriate communication described above is to not provide the opportunity for it to happen.
5. **When you write visitation reports, what sort of information do you document?** Reports to courts by supervised visitation centers should emphasize a batterer's level of risk to children. Any possible lessening of that risk cannot be measured or evaluated during supervised visits. As such, centers should not involve themselves in making recommendations to the court regarding future contact.
6. **Who is responsible for paying the cost of supervision?** Supervised visitation centers should have a policy that the battering parent is to pay the full cost of supervision unless the court requires otherwise. This policy is important to avoid adding financial stress to the custodial home. This also sends clear messages to all parties that the abusive person has caused the need for supervision and thus, has the responsibility to pay for it.

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29 Bancroft, L. & Silverman, J. (2002). The Batterer As Parent: Addressing the Impact of Domestic Violence on Family Dynamics. Thousand Oaks, CA: Sage Publications.

J. **Services NOT Appropriate in DV Cases**. In initial stages of case planning for children and their families, the following activities/services are not recommended until further risk assessment has been completed:

1. Couples or family counseling,
2. Court or divorce mediation,
3. Visitation arrangements that endanger the survivor and children or are in conflict with a restraining or custody order, and
4. Anger management classes.

Appendices

King County Domestic Violence and Child Maltreatment Coordinated Response Guideline May 2010

Appendix A

DSHS REGIONAL MAP

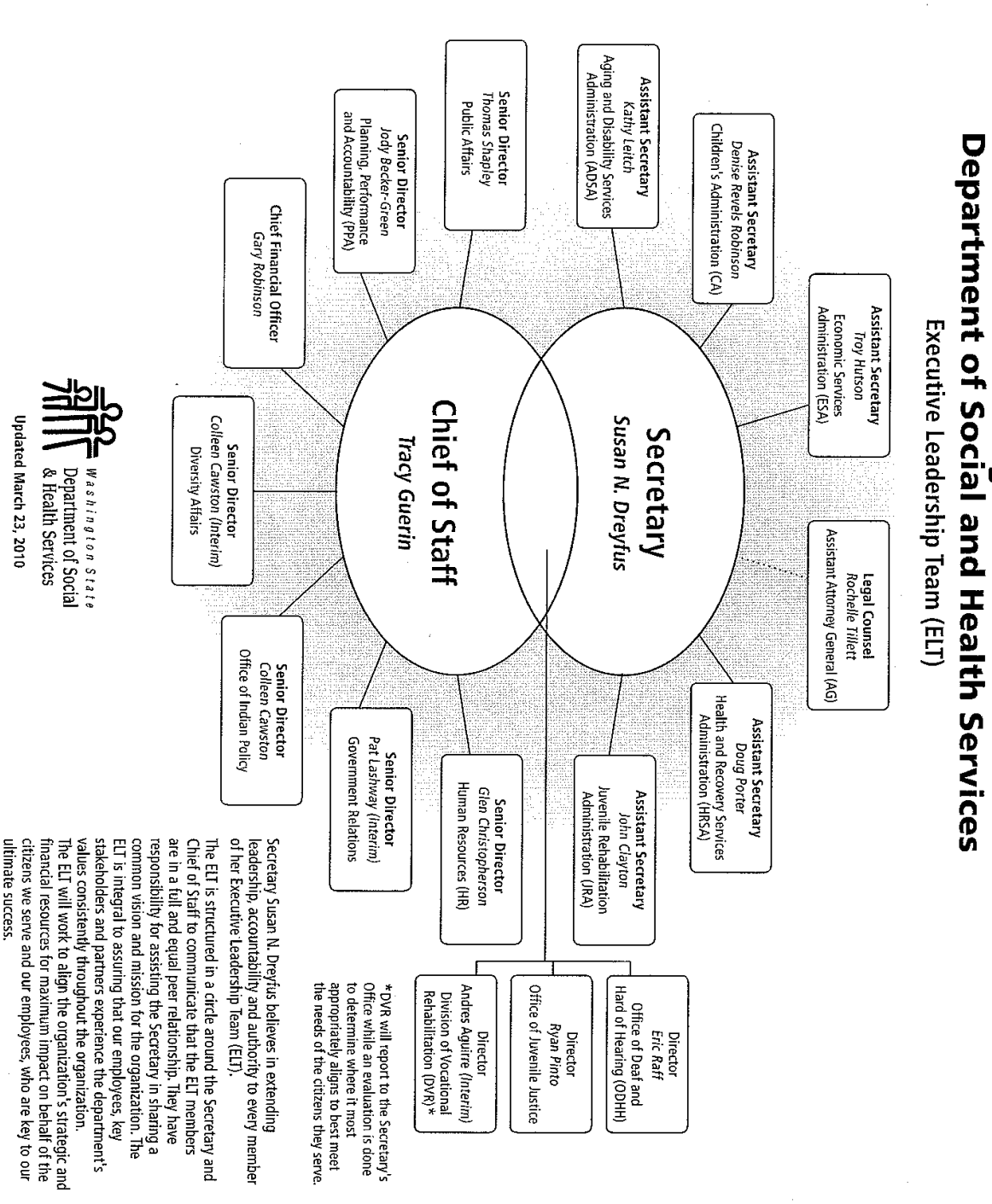
DSHS and CA provide services through its local Community Services Offices (CSOs) and local Division of Child Support Offices located in six regions. The countries within each DSHS region are as follows:

COUNTIES IN EACH DSHS/CA REGION

Region 1	*Adams, Asotin, Chelan, Douglas, Grant, Ferry, Garfield, Lincoln, Okanogan, Pend d'Oreille, Spokane, Stevens and Whitman*
Region 2	*Benton, Columbia, Franklin, Kittitas, Walla Walla and Yakima*
Region 3	*Island, Skagit, Snohomish, San Juan and Whatcom*
Region 4	*King*
Region 5	*Pierce and Kitsap*
Region 6	*Clark, Clallam, Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum*

Appendix B

DSHS ORGANIZATIONAL CHART



Appendix C

LAW ENFORCEMENT GUIDELINES FOR CHILDREN'S ADMINISTRATION INTAKE REFERRAL IN DV CASES*

*This checklist was developed through the DV/CPS Collaboration Project and King County Sheriff's Office Officer Training Project. This checklist provides guidelines for officers responding to domestic violence incidents where children are present. The checklist is intended to assist officers by highlighting common investigation steps. The guidelines on this card will not always be applicable in their entirety because of differing circumstances.

King County Day Time CA Intake Number
Monday through Friday, 8-5
1-800-609-8764

King County Day Time CA Intake FAX Number
206-389-2442

Statewide After Hours CA Intake Number
Evenings, Weekends, and Holidays
1-800-562-5624

Statewide After Hours CA Intake FAX Number
206-464-7464

Telephone CA Intake Immediately to Triage Children/Youth's Safety Needs at the DV Scene for the Following Circumstances:

- ☐ LE places child into protective custody
- ☐ The child experiences assault or injury during the DV incident
- ☐ Perpetrator violates child NCO and/or protection order
- ☐ Discharge of a firearm or use of a lethal weapon in the presence of child
- ☐ The child expresses fear that perpetrator will kill or injure someone in the home
- ☐ Perpetrator commits severe acts of violence and threatens to kill the child
- ☐ Perpetrator displays a pattern of lethality indicators (See section 5). The child remains at high risk of severe injury or death if perpetrator has access to the child.

Law Enforcement Must Make CA Intake Referral for the Following Circumstances:

- ☐ *The child/youth is at risk of substantial harm from the DV. Examples may include*:
  - *Perpetrator interferes with child/youth's attempts to report DV*
  - *Perpetrator throws object that could hit and injure the child (reckless endangerment)*

- Child in physical jeopardy during assault or destruction of property (child gets caught in DV cross-fire but not injured or child attempts to intervene in DV)
- *Perpetrator forces/coerces child to participate in the DV*
- *Perpetrator displays firearm or lethal weapon in child's presence*
- *DV patterns escalate in severity or frequency in last 90 days*
- *Child/youth is witnesses or is forced to participate with perpetrator in killing or torturing a family pet*
- *Child experiences changes in patterns from exposure to repeated DV incidents (such as sleep deprivation, increased aggressive behaviors, wetting the bed, chronic fear, anxiety or depression)*
- *Perpetrator interferes with the provision of the child's minimal needs of food, shelter, health, or safety*

Law Enforcement Should Consider a CA Intake Referral for the Following Circumstances:

- ☐ Consider CPS referral when the child may be at risk of harm. When in doubt, contact your supervisor, call CPS Intake or FAX report to CPS.
- ☐ Examples may include the following:
  - *Perpetrator acts in a cruel, humiliating, and dehumanizing manner to child at a DV scene*
  - *Perpetrator blames child for the domestic violence*
  - *Perpetrator has a history of abuse to children*

LAW ENFORCEMENT INVESTIGATION GUIDELINES*CHILDREN & DOMESTIC VIOLENCE CHECKLIST

*This checklist was developed through the DV/CPS Collaboration Project and King County Sheriff's Office Officer Training Project. This checklist provides guidelines for officers responding to domestic violence incidents where children are present. The checklist is intended to assist officers by highlighting common investigation steps. The guidelines on this card will not always be applicable in their entirety because of differing circumstances.

1. **Upon Arrival at Scene**
   - ☐ Locate children. Determine their whereabouts
   - ☐ Identify each child by name, sex, and age
   - ☐ Determine child's proximity/involvement with incident

2. **Check on Child's Well Being and Physical Condition**
   - ☐ Note child's demeanor and emotional state
   - ☐ Note any evidence of injury

3. **Provide Reassurance/Support to Child**
   - ☐ Identify yourself and explain your role
   - ☐ **Talk to each child in a safe place away from suspects, victim, and siblings**
   - ☐ Try to get the child to relax
   - ☐ Tell the child you are there for their safety
   - ☐ Tell the child that the violence is not their fault

4. **Talk to Child and Ask Simple Non-Leading Questions**
   - ☐ Get down on your knees or sit to face the child
   - ☐ Do not force the child to talk
   - ☐ Ask "Why do you think I am here"

- ☐ Ask "Tell me what happened"
- ☐ Ask "What did you see or hear?"
- ☐ Ask "Has this ever happened before?"
- ☐ Ask the child if they were hurt during the incident
- ☐ If child or caregiver reports injury, call EMS for assessment

5. Assess for Risks of Imminent Harm to Children

- ☐ Determine if perpetrator has violated any court order in effect for the child
- ☐ Determine if domestic violence has been increasing in frequency and intensity
- ☐ Assess perpetrator for **lethality indicators** such as displaying/using lethal weapon(s) at the scene, threatening suicide or homicide, taking hostages or stalking, inflicting severe violence when using alcohol/drugs and/or with an untreated psychosis or mental health disorder
- ☐ Determine if child can remain safe at scene

6. Determine if Need for Protective Custody

- ☐ Consider protective custody when there is probable cause that the child would suffer further abuse/neglect if not taken into custody

7. Child and Family Resources

- ☐ Offer Children and DV booklet
- ☐ Give DV Protection Act Victim's Right Forms and available resources

8. Completing Incident Report/DV Supplemental Report

- ☐ Document child's name, age, location, level of fear, and risk of imminent harm on the DV supplemental report
- ☐ Indicate if child is a witness or a victim in the incident report
- ☐ Describe the nature of assaults or threats
- ☐ Describe child's involvement with the incident
- ☐ Document child's demeanor and emotional state
- ☐ Record what the child saw/heard at scene
- ☐ Document any assistance/referrals given, or CPS reports
- ☐ Document EMS assistance and names of EMS personnel

Appendix D

DOMESTIC VIOLENCE SUPPLEMENTAL FORM

SHERIFF
KING COUNTY
Susan L. Rahr, Sheriff

Domestic Violence Supplemental Form

Case Number ☐☐ – ☐☐☐☐☐☐

Suspect Information

Last Name: First Name: MI: DOB: Sex: Race:

Suspect Booked: ☐ Yes ☐ No Suspect Cited: ☐ Yes ☐ No If Yes, Citation #:

Suspect Demeanor: ☐ Angry ☐ Apologetic ☐ Calm ☐ Controlling ☐ Crying ☐ Hysterical ☐ Other, describe:
☐ Irrational ☐ Threatening ☐ Upset ☐ Violent ☐ Distant ☐ Nervous

Suspect Injured: ☐ Yes If Yes, describe in narrative ☐ Abrasions ☐ Bruises ☐ Complaint of Pain ☐ Hair Pulled Out ☐ Lacerations ☐ Minor Cuts
☐ No

Treatment: ☐ None / Refused ☐ Bruises ☐ At Scene / Who provided on-scene treatment?

Photographs of Suspect Taken?: ☐ Yes ☐ No ☐ Unk Signed Medical Release?: ☐ Yes ☐ No ☐ Refused

Mental Health History: ☐ Yes ☐ No ☐ Unk Suspect Suicidal?: ☐ Yes ☐ No ☐ Unk
If Yes, describe:

Suspect Under the Influence of Alcohol/Drugs? ☐ Yes ☐ No ☐ Unk If Yes, what drugs?

Victim Information

Last Name: First Name: MI: DOB: Sex: Race:

Address Verification:

Home Phone: ( ) Work Phone: ( ) Cell Phone: ( )

Alternate Contact Name #1: Phone: ( )

Alternate Contact Name #2: Phone: ( )

Victim Demeanor: ☐ Apologetic ☐ Calm ☐ Confused ☐ Crying ☐ Distraught ☐ Hesitant ☐ Hysterical ☐ Nervous ☐ Upset ☐ Distant ☐ Fearful
☐ Other, describe

Excited Utterances: ☐ No ☐ Yes, **if Yes, document in narrative as accurately as possible, *using quotations.***

Victim Injured: ☐ No ☐ Yes, **if Yes, describe in narrative and check all injuries that apply:** ☐ Abrasions ☐ Bruises ☐ Complaint of Pain ☐ Hair Pulled Out
☐ Lacerations ☐ Minor Cuts ☐ Other, describe

Strangulation Involved: ☐ No ☐ Yes, Symptoms (check all that apply) ☐ Neck Pain ☐ Neck Swelling ☐ Sore Throat ☐ Difficulty Swallowing ☐ Raspy Voice
☐ Red Marks ☐ Bruising ☐ Ears Ringing ☐ Scratches ☐ Nausea/Vomiting ☐ Fainting ☐ Light-Headedness ☐ Loss of Bodily Function
☐ Tiny Red Spots: mouth/eyes/behind ears/on face (Petechia)

Prior Incidents of Strangulation: ☐ No ☐ Yes, **If Yes, describe**

Treatment: ☐ None / Refused ☐ At Hospital ☐ At Scene / Who provided on-scene treatment?
Signed Medical Release? ☐ Yes ☐ No ☐ Refused

Stalking:
☐ No ☐ Yes – **if Yes, document in narrative**

Victim Under the Influence of Alcohol / Drugs?
☐ No ☐ Unk ☐ Yes, **if Yes, what drugs?**

Is Victim Pregnant? ☐ No ☐ Unk ☐ Yes, **if Yes, how many months?** Does suspect know victim is pregnant? ☐ Yes ☐ No ☐ Unk
Photographs Taken of Victim: ☐ Yes ☐ No Physical Evidence Recovered? ☐ Yes ☐ No

Relationship Between Victim and Suspect / Prior History

Relationship: ☐ Spouse ☐ Estranged Spouse ☐ Former Spouse ☐ Dating / Engaged ☐ Former Dating ☐ Parent / Child ☐ Adults Residing Together
☐ Formerly Residing Together ☐ Child in Common ☐ Other (describe)

Length of Relationship: If Relationship Ended, Approximately When?

Prior DV History? ☐ Yes ☐ No Number of Prior Reported Incidents: Number of Unreported Incidents:

Date of Last Incident: List Other Police Agencies Involved in Past:

Document Prior DV History in Detail in Narrative

Prior Abuse of Children in Household? ☐ No ☐ Yes If Yes, describe:

Prior Abuse of / Threats to Pets in Household? ☐ No ☐ Yes If Yes, describe:

KCSO A-143 (Rev. 7/09)

SHERIFF
KING COUNTY
Susan L. Rahr, Sheriff

Domestic Violence Supplemental Form

Case Number ☐☐ – ☐☐☐☐☐☐

Children

Child(ren) Present During Incident: ☐Yes (Complete information below) ☐No ☐Unknown ☐N/A

Child(ren) Assaulted / Injured During Incident: ☐Yes (Describe in detail in narrative) ☐No ☐Unknown ☐N/A

Statement(s) Taken from Child(ren): ☐Yes ☐No ☐N/A

Child's Name (Last, First, Middle)	Sex	DOB	Child's Location During Incident	Officer's Observation of Child	Suspect's Relationship to Child

Photos taken of Child(ren)? ☐Yes ☐No

Court Order Information

Current Court Order Exists: ☐Yes ☐No ☐Unk Court Order # Court: Expires:

Suspect Served? ☐Yes ☐No ☐Unk Date of Service:

Type of Order: ☐No Contact Order ☐Protection Order ☐Restraining Order ☐Anti-Harassment Order

Firearms / Weapons

1. Does the suspect possess, own, or have access to firearms? ☐Yes (describe below) ☐No ☐Unk
2. Where are the firearms? ☐Residence ☐Vehicle ☐With suspect
3. Has the suspect used, displayed or threatened to use firearms in the past against Victim or others? ☐Yes ☐No

   If yes, describe: _____
4. **If Yes to #3, and firearms are present and under Victim's control, does Victim want police to remove firearms now? ☐Yes ☐No**
5. If firearms were used in current incident, were they recovered? ☐Yes ☐No Placed into evidence? ☐Yes ☐No

Description of Any Firearms Owned / Possessed By Suspect?

Description of Firearm:	Status:
	Removed? ☐Yes ☐No
	Removed? ☐Yes ☐No
	Removed? ☐Yes ☐No

Injury Diagram

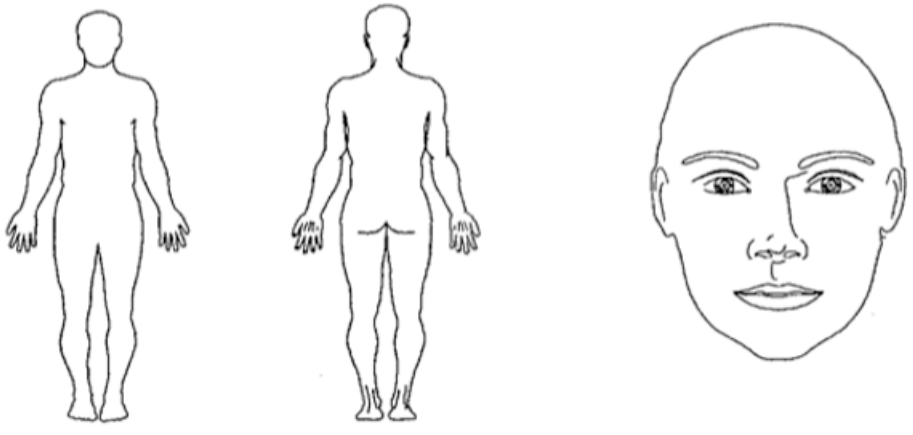
Officer to mark the location of any injuries and describe:

Have victim initial:

_____ I have physically pointed out to the officer(s) where I was injured.

_____ I have indicated on the diagram where I was injured.

_____ I was able to tell the officer(s) who injured me.



"I declare, under penalty of perjury, under the laws of the State of Washington that the above statements are true and correct."

Victim Signature	Officer Signature	Place Signed (City, State)	Date

Appendix E

SERVICES PROVIDED BY KING COUNTY SUPERIOR COURT, FAMILY COURT SERVICES (FCS)

Superior Court of the State Of Washington for the County of King Family Court Services			
516 Third Avenue Room W-280 *Seattle, Washington 98104-1604* *(206) 296-9400*		*401 Fourth Avenue N. Room 1-D* *Kent, WA 98032-4429* *(206)205-2521*	
Service	**Description**	**Time Frame**	**Cost**
Parent Seminar	Four hour class required under Local Family Law Rule (LFLR) 13(d) for parents who have to develop a parenting plan for minor children in dissolution, parentage and third party custody actions. Watch videos and presentations on substantive, procedural and affective issues related to parenting plan development. Review of court process and parenting plan format. Discuss what helps and what hurts children during separation/ divorce.	Eight to ten classes are offered per month during mornings, afternoons, and evenings, at various locations (Seattle, Kent, and Bellevue).	$40 per person; fee adjustments available Registration and payment is through Family Court Services in Kent and Seattle.
Mediation	Mediation is mandatory per LFLR 13(b) in parenting plan disputes and upon filing of Objection to Relocation unless waived for cause (typically RCW 26.09.191 restriction issues). FCS generally meets with the parties together, without attorneys, for 1-3 sessions, drafts parenting plan and provides it to parties and attorneys. FCS only mediates parenting plan issues. FCS sends a dismissal notice to court stating outcome. Parties can also initiate mediation upon sending a co-petition to FCS per the dispute resolution provision of an existing parenting plan. *FCS does not mediate in cases of disputed parenting plans with alleged domestic violence, child maltreatment, or other significant parenting concerns*	Assigned to mediator after parties attend Seminar and submit paperwork. Standard timeline to complete mediation is 60 days after assignment.	Fee is $750 shared between the parties with sliding scale based on combined incomes. Fee is based on 5 hour average at $150 per hour.
Evaluation	When mediation does not resolve parenting plan in pre-decree or modification cases or it is waived, evaluator interviews the parties, observes parent-child interaction (in office or home visits), contacts collateral sources, and provides written report to court.	Assigned to evaluator after parties attend Seminar and submit paperwork. Standard timeline to complete is 120 days from assignment.	Fee is $3,000 shared between the parties with sliding scale based on combined incomes. Fee is based on 20 hour average at $150 per hour.
Domestic Violence Assessment	Abbreviated assessment in Protection Order cases. Focuses on temporary orders for residential schedule, protections for adult and child survivors, and appropriate interventions for all family members. Recommendations include temporary access plan for parents.	Typically ordered by family law commissioner; return hearing usually set at 45-60 days to review report. Reports are given to both parties on day of re-hearing for safety purposes.	No Charge.
CA/CPS Information only	Order for CA/CPS to provide records/ to Superior Court. FCS serves as liaison to assist in obtaining the needed written records from CA/CPS. The FCS social worker may also talk with the assigned CA/CPS case worker if there is an active CA case.	Typically ordered by Ex Parte at time of temporary orders in Protection Order cases where CA/CPS has been or is involved. Report gives onlyCA/CPS generated information, and is used solely as a resource for the court.	No Charge.

Appendix F

AGENCIES INVOLVED IN FAMILY COURT

Family Court Services
Seattle - King County Superior Court (206-296-9400)
Kent- Regional Justice Center (206-205-2521)

Family Court Services provides Mediation, Evaluation, Domestic Violence Assessment, Conciliation Counseling and the Family Law Parent Seminar for families involved in Family Law matters. They serve as an adjunct to the Superior Court Judges and Commissioners and report to the court when so ordered. They do not monitor the family and are generally automatically dismissed from involvement after their report is done. They should be consulted if a current case has been referred to them or a prior report has been done.

Family Law CASA of King County

The Family Law CASA program recruits, screens, trains, supervises and supports community volunteers who are appointed to investigate custody and visitation disputes in family law cases. The CASA program is a nonprofit private agency. To be appointed in a case, an Order Appointing Family Law CASA must be signed by a King County Superior Court Judge or Commissioner. To get an Order signed, a party to a family law case (divorce, paternity, non-parental custody or modifications) must file a motion asking to have Family Law CASA appointed. Due to the limited nature of the resource, agreed orders cannot be submitted by appointing CASA; instead, the court must specifically order the appointment of CASA. The parents or parties are responsible for their fees.

Private Guardians Ad Litem

Private Guardians Ad Litem are sometimes appointed by the court to provide evaluation services in Family Law actions. The parents or parties are responsible for their fees.

Family Law Pro-Se Facilitators
Seattle- King County Superior Court (206-296-9092)
Kent- Regional Justice Center (206-205-2526)

Family Law Facilitator's can assist clients who do not have an attorney with their family law court action. They cannot give legal advice. They can give information on forms, court rules, court procedure, attorney referral programs, and court and/or community resources. They are available during specified walk-in times and also for scheduled appointments. Clients without an attorney should contact the facilitators as soon as possible in their action. Clients with attorneys should consult their attorney, not seek Family Law Facilitator services.

Protection Order Advocacy Program
Seattle- King County Superior Court (206-296-9547)
Kent- Regional Justice Center (206-205-7406)

The Protection Order Advocates provide immediate and short-term assistance to DV survivors who are accessing protection orders. This assistance includes the following: in-person preliminary screening with DV survivors; crisis intervention; assistance in completing the forms; general information dissemination and referrals to community agencies; accompaniment in court; and preparation for court hearings. The protection order advocate coordinates with community agencies and individuals (shelters, community agencies, attorneys) and other law, safety and justice agencies that may be involved with the petitioner or involved in the protection order process.

Community-Based DV Advocates **(See Appendix M for a list of providers)**.

Appendix G

SUPERIOR COURT FOR WASHINGTON FOR COUNTY OF KING

In re the [marriage/parentage/custody] of Petitioner, and Respondent.	NO: **SUPERVISED VISITATION ORDER FOR DOMESTIC VIOLENCE CASES (ORVS)** **[ ] TEMPORARY [ ] FINAL**

The Court hereby Orders that:

1. _____ (non-residential parent), shall have professionally supervised visitation with the following children (please print names of children and ages):

   Name_____ AGE _____
   Name_____ AGE _____
   Name_____ AGE _____
   Name_____ AGE _____

2. The supervision provider/agency ("supervisor") shall be:

   _____ _____
   (name of Visitation Provider or Agency) Phone Number

3. The parties, _____(non-residential parent) and _____ (residential parent) are each responsible for initiating contact with the supervisor.

4. Visits shall be scheduled as follows (subject to supervisor's policies and availability):

   _____ hour/s
   _____ weekly _____ alternate weeks _____ other _____
   _____
   _____
   _____

5. The non-residential parent shall pay all fees due and owing to the supervisor, unless otherwise specified by the Court, as follows:_____.
6. Because of allegations of domestic violence in this case, the supervisor will:
    a. prevent contact between parties and/or their representatives before, during, and after visits;
    b. take every precaution to keep all contact information of the protected parent confidential;
    c. conduct a thorough intake interview with the protected parent to determine specific safety concerns;
    d. intervene in any and all conduct, behavior, or conversation that might increase the level of danger for the child and/or the protected parent (such as asking about the other parent's activities or plans, attempting to contact other parent at the visitation site, asking visitation supervisor about the other parent, talking about the court case to or in front of the child, *etc*.);
    e. refuse to pass messages or requests between the parties; AND
    f. abide by any food, gift, or guest restrictions set forth by the residential parent and/or the Court.

7. The visitation location shall at all times be made known to the residential parent by the supervisor.
8. Each parent shall provide the supervisor with a copy of this Order before services begin.
9. Any time the supervisor refuses, terminates, or shortens a visit, the supervisor shall give written notice to the Court and all parties, clearly stating the reason for the supervisor's action.
10. The supervisor's observations and/or notes shall NOT include parenting assessments or custody/visitation recommendations.
11. The supervisor shall not release information, including notes about the case without court order.

12. Other provisions:

    _____

13. This Order shall remain in effect until _____ or until further order of the court.

DONE IN OPEN COURT on this _____ day of _____, 20_____.

_____

Judge/Commissioner

Notice of presentation waived:

_____

Petitioner

Notice of presentation waived:

_____

Respondent

Comparison of Court Orders for Washington State

Many Tribal Courts have similar civil and criminal court orders. Check with your local Tribal court to find out the specific names of the civil and criminal orders, the kind of relief provided and penalties for violation of orders.

Kind of Order	Sexual Assault Protection Order	Domestic Violence Protection Order	No-Contact Order	Restraining Order
Nature of Proceeding	Civil or criminal, in context of pending criminal action or as a condition of sentence, under RCW 7.90	Civil, under RCW 26.50.	Criminal, in context of pending criminal action, under RCW 10.99.	Civil, normally in context of pending dissolution or other family law action, under RCW 26.09, 26.10, 26.26.
Who may obtain order?	A person who is a victim of nonconsensual sexual conduct or nonconsensual sexual penetration, including a single incident, (who does not qualify for a domestic violence protection order) may petition for a civil order. Minors under age of 16 with parent or guardian. The court may initiate issuance on behalf of victims of sex offenses when criminal charges are filed.	A person who fears violence from a "family or household member" (10.99.020), or who has been the victim of physical harm or fears imminent physical harm, or stalking from a "family or household member", (includes dating relationships). Minors under age of 16 with parent or guardian.	Incident must have been reported to the police. Criminal charges must be pending. Judge must consider issuance pending release of defendant from jail, at time of arraignment, and at sentencing.	Petitioner who is married to respondent or has child in common.
Jurisdiction	District, Municipal, or Superior Court. See RCW 26.50.020(5). Telephonic hearings available pursuant to court rule and in limited circumstances.	Telephonic hearings available in limited circumstances. • EPO–District, Municipal, or Superior Court. • PO–limited to Superior Court if Superior Court has family law action pending, or if case involves children or order to vacate home.	District, Municipal, or Superior Court.	Superior Court only.
Cost to Petitioner	No filing or service fees.	No filing or service fees.	None.	Same as dissolution. Filing fee waived if indigent.
How does the respondent receive notice?	Notice of civil order served on the respondent. Notice of criminal order given to defendant verbally and in writing when order is entered.	Notice served on the respondent. Notice by certified mail, or publication authorized in limited circumstances.	Verbal and written notice given at bail hearing, arraignment, or sentencing	Notice served on respondent or respondent's attorney.
Consequences if order is knowingly violated.	Mandatory arrest for violating restraint and exclusion provisions. Possible criminal charges or contempt. Class C felony if assault or reckless endangerment, otherwise Gross Misdemeanor.	Mandatory arrest for violating restraint and exclusion provisions. Possible criminal charges or contempt. Class C felony if assault or reckless endangerment, otherwise Gross Misdemeanor.	Mandatory arrest. Release pending trial may be revoked. Additional criminal or contempt charges may be filed. Class C felony if assault or reckless endangerment, otherwise Gross Misdemeanor.	Mandatory arrest. Gross Misdemeanor.[1] Possible criminal charges or contempt.

Kind of Order	Sexual Assault Protection Order	Domestic Violence Protection Order	No-Contact Order	Restraining Order
Maximum duration of order.	• Temporary civil SAPO–14 days with service. • Full civil SAPO–Designated by court up to two years. • Criminal orders–Designated by court. • Post sentencing provision may last up to two years following imprisonment, or community supervision, conditional release, probation or parole.	• EPO–14 days with service. • EPO–24 days certified mail or with service by publication. • PO–Designated by court, one year, or permanent.	Until trial and sentencing are concluded. Post-sentencing provision lasts for possible maximum of sentence in Superior Court or two years in District or Municipal court.	• RO–14 days. • Preliminary injunction–dependency of action. • TRO in final decree–permanent unless modified.

Kind of Order	Anti-Harassment Order	Vulnerable Adult Protection Order
Nature of Proceeding	Civil, under RCW 10.14.	Civil, Under RCW 74.34.110 and RCW 26.50.
Who may obtain order?	Petitioner who has been seriously alarmed, annoyed or harassed by a conduct which serves no legitimate or lawful purpose. Parties generally are not married, have not lived together, and have no children in common.	A vulnerable adult, or an interested person on behalf of a vulnerable adult, who has been abandoned, abused, subject to financial exploitation, or neglect or threat thereof. The Department of Social and Health Services may also obtain an order on behalf of a vulnerable adult.
Jurisdiction	District Court. Limited provisions for referring cases to Superior Court. Municipal, District, or Superior for enforcement.	Superior Court.
Cost to Petitioner	No filing or service fees for stalking, sexual assault or domestic violence victims.	No filing fees.
How does the respondent receive notice?	Notice served on respondent.	Notice served on the respondent. Notice by certified mail, or publication authorized in limited circumstances.
Consequences if order is knowingly violated.	Gross Misdemeanor. Possible criminal charges or contempt.	Mandatory arrest for violating restraint and exclusion provisions. Possible criminal charges or contempt. Class C felony if assault or reckless endangerment, otherwise Gross Misdemeanor.
Maximum duration of order.	EAHO–14 days. PAHO–1 year or permanent	EPO–14 days with personal service. EPO–24 days certified mail or with service by publication. PO–Designated by court, for a fixed period not to exceed 5 years.

SAPO = Sexual Assault Protection Order
EPO = Emergency Protection Order & (Temporary Order for Protection)
PO = Order for Protection
TRO = Temporary Restraining Order
RO = Restraining Order
EAHO = Emergency Anti-Harassment Order
PAHO = Permanent Anti-Harassment Order

Consultation from Kelly O'Connell, Staff Attorney, Washington Coalition of Sexual Assault Programs, Olympia, WA, www.wcsap.org. voice: 360-754-7583 or tty: 360-709-0305.
Prepared by the Washington State Coalition Against Domestic Violence 1402 3rd Ave. Suite 406, Seattle, WA 98101 www.wscadv.org. voice: 206-389-2515 or tty: 206-389-2900.
Adapted from the Domestic Violence Manual For Judges, Volume I - Criminal, 1992. The Criminal Domestic Violence Manual Subcommittee, prepared by the Office of the Administrator for the Courts for the State of Washington, Olympia, WA, updated 1998.

Appendix I

DANGER ASSESSMENT

The following is an example of areas to consider when assessing for lethality. Be aware that no tool or assessment procedure can predict homicide and that homicide occurs in very few cases. For more information, please refer to http://www.wscadv.org for WSCADV fatality review reports.

DANGER ASSESSMENT
Jacquelyn C. Campbell, PhD, RN, FAAN

Danger Assessment tool is provided with permission of the author. This tool has been standardized and evaluated. To effectively use and score this tool, specialized training is required. See www.dangerassessment.org for information on this tool.

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation. Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones, miscarriage
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
5. Use of weapon; wounds from weapon
(If any of the descriptions for the higher number apply, use the higher number.)

Mark "Yes" or "No" for each of the following:
("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

1. **Has the physical violence increased in severity or frequency over the past year?**
2. **Does he own a gun?**
3. **Have you left him after living together during the past year?**

3a. (If have never lived with him, check here: ___)

4. **Is he unemployed?**
5. **Has he ever used a weapon against you or threatened you with a lethal weapon?**

5a. (If yes, was the weapon a gun? ____)

6. **Does he threaten to kill you?**
7. **Has he avoided being arrested for domestic violence?**
8. **Do you have a child that is not his?**
9. **Has he ever forced you to have sex when you did not wish to do so?**
10. **Does he ever try to choke you?**
11. **Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack," street drugs or mixtures.**
12. **Is he an alcoholic or problem drinker?**

13. Does he control most or all of your daily activities? (For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car?
(If he tries, but you do not let him, check here: ____)
14. Is he violently and constantly jealous of you?
(For instance, does he say "If I can't have you, no one can."?)
15. Have you ever been beaten by him while you were pregnant?
(If you have never been pregnant by him, check here: ____)
16. Has he ever threatened or tried to commit suicide?
17. Does he threaten to harm your children?
18. Do you believe he is capable of killing you?
19. Does he follow or spy on you, leave threatening notes or messages on your answering machine, destroy your property, or call you when you don't want him to?
20. Have you ever threatened or tried to commit suicide

Appendix J

PATTERNS OF DOMESTIC VIOLENCE

This following document was created by King County community and governmental agency providers. It summarizes patterns of behaviors that can manifest with DV. This, however, is not a standardized and evaluated assessment tool. It merely is a checklist that provides a framework to consider when asking about patterns of DV behaviors.

Physical Abuse:

☐ Grab ☐ Pull ☐ Push ☐ Throw ☐ Slap ☐ Kick ☐ Hit ☐ Punch
☐ Strangulation ☐ Physical inconsideration

Use of Weapons: (this may include guns, knives, and other objects that can cause bodily injury)

☐ Perpetrator displays weapons to intimidate or threaten DV survivor
☐ Perpetrator display weapons in presence of children
☐ Perpetrator Inflicts bodily contact or injury with a weapon to DV survivor or children

Emotional Abuse:

☐ Putting the other person down or putting the kids down
☐ Make the other person feel bad about her/himself
☐ Name calling ☐ Cursing ☐ Humiliation
☐ Accusing/making the survivor feel crazy
☐ "Guilt Trips"
☐ Labeling
☐ Perpetrator has unrealistic expectations of the survivor of the children and is making demeaning comments

Intimidation, Use of Fear, or Use of Threats:

☐ Making the other person feel afraid
☐ Using looks, actions or gestures to create fear
☐ Damaging property
☐ Destroying specifically the other person's property
☐ Abusing pets
☐ "If you do this, then…" (perpetrator threatens a consequence if survivor takes an action)
☐ Threatening to leave, commit suicide, etc.
☐ Attempting to coerce the DV survivor into dropping charges or change their testimony
☐ Attempting to interfere with the investigation or prosecution through fear, force or manipulation
☐ Threatening to report survivor to authorities (such as CPS, immigration, or law enforcement)
☐ Forcing or coercing them to do illegal things

Sexual Abuse:

☐ Forced sexual contact
☐ Coerces or demeans survivor into unwanted sexual activity
☐ Gender discrimination
☐ Sexually demeaning behavior and comments
☐ Sexual blackmail
☐ Inappropriate sexual behavior
☐ Inappropriate sexual comments around or in regards to the children

Economic Abuse:

☐ Controlling the money: Not allowing DV survivor to have access to financial information, hiding money, or taking the partner's money
☐ Not allowing the survivor to work
☐ Financial sabotage through financial irresponsibility or exploitation of family resources
☐ Forcing the other person to sign over theft rights, assets, or privileges

Gender Privilege:

☐ Perpetrator feeling that they have special rights or privileges because of their gender
☐ Discriminating against the other person because of their gender
☐ Assuming that they have the right to assign gender roles
☐ Depreciating gender comments
☐ Treating the other person like a slave or servant

Perpetrator's Use/Abuse of Children:

☐ Making the DV survivor feel guilty about the children
☐ Criticizing or demeaning the DV survivor in children's presence
☐ Using the children to relay messages
☐ Trying to lobby the children
☐ Threatening to take the children away
☐ Manipulating the DV survivor through the children
☐ Attempting to buy the children's favor
☐ Criticizing or demeaning the children or using harsh/punitive discipline
☐ Doing abusive behaviors in the presence of the children or in such a way that they become aware of those actions
☐ Forcing/coercing children to participate in DV
☐ Forcing/coercing children to participate in killing or torturing family pet or other animals
☐ Abusing children physically or sexually
☐ Interferes with the provision of the children's minimal needs of safety, supervision, food, shelter, or necessary health care

Perpetrator's Minimization, Denial and Blame for the Abuse:

☐ Saying it didn't happen
☐ Shirking responsibility for abusive behavior
☐ Blaming the DV survivor for their own abusive behavior
☐ Minimizing or making light of the abuse
☐ Blaming children for perpetrator's abusive behavior

Perpetrator's Using Isolation and Social Abuse :

☐ Attempting to control the DV survivor's social contacts (determining when and who they can and can't socialize with)
☐ Sabotaging the DV survivor's relationships
☐ Controlling the DV survivor's movements, travel, telephone calls, etc
☐ Using jealousy to justify their actions

Perpetrator's Abuse through the Legal System:

☐ Filing false, spurious or punitive legal actions against the other person
☐ Failing to comply with legal terms and conditions
☐ Failing to meet financial obligations set forth through the court
☐ Lying or misrepresenting facts in legal actions
☐ Exploiting legal system to inflict financial hardship on the survivor
☐ Attempting to interfere or obstruct assessment or legal process

Appendix K

TIPS FOR SAFETY PLANNING WITH ADULT DV SURVIVORS [30]

Safety Planning Considerations

The most important element to safety planning is that it be done in collaboration with the identified survivor of the DV. Each safety plan must be specific to the individual DV survivor's situation. The social worker or other individual assisting the DV survivor in creating the safety plan should address the identified the identified child maltreatment concerns related to the DV survivors' behavior with appropriate services that do not undermine the survivor's self-determination or empowerment, and should recognize the effects that the DV has had on the DV survivors' parenting. Additionally, DV survivors should not be mandated or required to participate in DV advocacy services. Not all of the following tips or suggestions will be safe for every survivor, and it is therefore imperative that the DV survivor's voice guides the safety planning process.

- Refer adult survivors to DV services, when appropriate and consistent with DV survivors' wishes, such as advocacy services, survivor support groups, and individual counseling. Appropriate services may also include education and support concerning the dynamics of domestic abuse. Services such as couples counseling and mediation that are predicated on the assumption of an equal relationship between the two parties are not appropriate when DV is present.
- Help DV survivors make child visitation and exchange arrangements that ensure the safety of children and DV survivors.
- Help adult survivors' access agencies or community resources to replace the loss of income, home, belongings, transportation, childcare, and other basic needs and services if survivors separate from abusive partners.
- Thoroughly document all reports of abusive and controlling behavior.
- Manage and protect information concerning adult survivors to prevent abusive partners from making unwanted contact or using information to continue the pattern of abuse and control.

Safety Plan Tool

In DV situations, a safety plan should always be developed with the DV survivor. This safety plan may not be appropriate for all DV survivors to take home because it contains information that may increase risks to families if abusers become aware of the plan.

Safety Plan to Prepare to Leave

- Keep important phone numbers near the phone, and teach children when and how to use them.
- Tell neighbors about the violence and instruct them to contact the police if they see or hear anything suspicious.
- Make a list of safe places to go in case of emergency: families' or friend's homes, shelter or police department.
- Remember a list of important items (see Items to Remember) when leaving the house.
- Try to put money aside for phone calls or to open a separate savings account (in a different bank if DV survivors and abusive partners have a joint account).
- Create a code word for children or friends so they can call for help.
- Keep copies of important documents and/or keys in a safe place outside the home.

Items to Remember

---

30 This tool is adapted from Massachusetts Department of Human Services (2005). Guidelines for responding to the co-occurrence of child maltreatment and domestic violence.

- Identification
- Adults' and children's birth certificates
- Social Security cards
- School and medical records
- Money, bank books, credit cards
- Driver's license and registration
- Medications
- Passports(s), green cards, work permits
- Divorce papers
- Lease/rental agreement, house deed
- Insurance papers
- Address book
- Picture of abuser
- Change of clothes and personal items
- Keys to house/car/office
- Items of sentimental value, jewelry
- Children's favorite toys and/or blankets

Safety Planning When Leaving the Relationship

- Change locks and install security system or an outdoor lighting system. Install smoke detectors.
- Inform people that abusive partner no longer lives at residence and notify DV survivors or police if abuser is seen in the area.
- Tell people who take care of children who have permission to pick them up, that you are leaving the relationship. Supply caretakers with copies of any court papers ordering the perpetrator to stay away.
- Avoid locations where abuser may be, including bank, stores and restaurants.
- Obtain a protective order from the court; keep it at all times; put an additional copy in a safe place or with someone; and notify police of violations.
- Make a plan to contact someone for support, such as a friend or family member. Call a hotline and/or attend a support group if risking return to a potentially abusive situation.

Important Phone Numbers:

Police_____

Local Community-based DV advocacy program_____

Local child protectionagency_____

Friends_____

Security Recommendations
When Perpetrators are Stalking DV Survivors

Stalking is a common tactic used by DV perpetrators to intimidate and control both current partners and ex-partners. No safety tip will work in all circumstances. It is very important that you work with the survivor, and that you rely on instincts and knowledge of the relationship and perpetrator to create a safety plan that will work for them.

Common stalking behaviors include the following:

- Making repeated phone calls to the DV survivor including hang-ups.
- Following the DV survivor and show up where the survivor is
- Sending unwanted gifts, letters, cards, or e-mails
- Damaging the survivor's home, car, or other property
- Monitoring the survivor's phone calls or computer use
- Using technology, like hidden cameras or global positioning systems (GPS), to track where the survivor goes
- Threatening to hurt the DV survivor, their friends, family, or pets
- Finding out about the DV survivor by using public records or on-line search services, hiring investigators, going through his/her garbage, or contacting friends, family, neighbors, or co-workers.

Stalking is unpredictable and dangerous. Though there are no guarantees that what works for one person will work for another, there are some steps the DV survivor can take to try to increase their safety:

- If the DV survivor is in immediate danger, and it is safe to do so, call 911.
- The DV survivor should trust his/her instincts. If s/he feels unsafe, she/he probably is.
- Take threats seriously. The danger usually increases when the perpetrator talks about suicide or murder.
- Develop a safety plan. Survivor service organizations can help you or the DV survivor do this.
- As long as it does not increase the danger to the DV survivor, she/he shouldn't communicate with the stalker or respond to their attempts to contact the survivor.
- The DV survivor should keep evidence of the stalking. She/he can keep a journal of the perpetrator's attempts to follow or contact him/her and write down the time, date, and place. Keep e-mails, phone messages, letters, and notes.
- Take photographs of anything that the perpetrator damages and any injuries caused.
- The DV survivor can contact the police. Washington state has stalking laws, and many perpetrators who stalk their partners also break other laws such as assaulting the survivor, damaging property, or breaking and entering.
- The DV survivor can tell family, friends, roommates, and co-workers about the stalking and seek their support. The DV survivor can also tell security staff at his/her job or school, and ask them to watch out for his/her safety.

For more information about stalking, please contact the Stalking Resource Center (SRC) at http://www.ncvc.org/src/Main.aspx or **1-800-394-2255**. The SRC works to raise national awareness of stalking and to encourage the development and implementation of multidisciplinary responses to stalking in local communities across the country. The SRC provides training, technical assistance, and resource materials for professionals working with and responding to stalking victims so that communities are more aware of and better equipped to respond to the crime of stalking.

Technology Safety Planning with Survivors
Tips to discuss if someone you know is in danger [31]

Technology can be very helpful to survivors of DV, sexual violence, and stalking; however, it is important to also consider how technology might be misused.

1. **Trust your instincts**. f you suspect the abusive person knows too much, it is possible that your phone, computer, email, or other activities are being monitored. Abusers and stalkers can act in incredibly persistent and creative ways to maintain power and control.

2. **Plan for safety**. Navigating violence, abuse, and stalking is very difficult and dangerous. Advocates at the National Domestic Violence Hotline have been trained on technology issues, and can discuss options and help you in your safety planning. Local hotline advocates can also help you plan for safety. (*National DV Hotline*: 1-800-799-7233 or TTY 800- 787-3224)

3. **Take precautions if you have a "techy" abuser**. If computers and technology are a profession or a hobby for the abuser/stalker, trust your instincts. If you think he/she may be monitoring or tracking you, talk to a hotline advocate or the police.

4. **Use a safer computer**. If anyone abusive has access to your computer, he/she might be monitoring your computer activities. Try to use a safer computer when you look for help, a new place to live, etc. It may be safest to use a computer at a public library, community center, or Internet café.

5. **Create a new email account**. If you suspect that anyone abusive can access your email, consider creating an additional email account on a safer computer. Do not create or check this new email from a computer your abuser could access, in case it is monitored. Use an anonymous name, and account: (example: bluecatcemail.com, not YourRealName@email.com), and look for free web-based email accounts, and do not provide detailed information about yourself.

6. **Check your cell phone settings**. If you are using a cell phone provided by the abusive person, consider turning it off when not in use. Also, many phones have a keys "lock" feature so the phone won't automatically answer or call if it is bumped. When on, check the phone settings; if your phone has an optional location service, you may want to switch the location feature off/on via phone settings or by turning your phone on and off.

7. **Change passwords & pin numbers**. Some abusers use survivor's email and other accounts to impersonate and cause harm. If anyone abusive knows or could guess your passwords, change them quickly and frequently. Think about any password protected accounts - online banking, voicemail, etc.

8. **Minimize use of cordless phones or baby monitors**. If you don't want others to overhear your conversations, turn baby monitors off when not in use and use a traditional corded phone for sensitive conversations.

9. **Use a donated or new cell phone**. When making or receiving private calls or arranging escape plans, try not to use a shared or family cell phone because cell phone billing records and phone logs might reveal your plans to an abuser. Contact your local hotline program to learn about donation programs that provide new cell phones and/or prepaid phone cards to survivors of abuse and stalking.

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31 Created June 2003, Revised May 2004 by Safety Net: *the National Safe & Strategic Technology Project* at the National Network to End Domestic Violence www.nneDV.org

Appendix L

SAFETY PLANNING WITH CHILDREN [32]

- ☐ Unfortunately, children are often physically and emotionally endangered when DV occurs. It is important to help them find ways to stay safe. Developing a safety plan with your children can be complex. The goals for the safety plan are usually are as follows:
  - Children are physically safe
  - Children know where and how to get help

  When safety planning with children, it is important to let them know that they are NOT responsible for the violence, and they CANNOT stop it. The first step in safety planning is talking to your children about the violence. This can be difficult, but it is the first step you can take to help the situation.

- ☐ Think of a situation where your child has been in danger from a violent incident. What would you have liked him or her to know and do? Some examples include the following:
  - Call my sister to get help
  - Go to a safe place in the house
  - Call 911

- ☐ When you make a safety plan with your children, think about what your child is actually able to do. A three-year-old can't walk two blocks to a friend's house. A five-year-old might have trouble staying in his room for three hours. The plan should be age-appropriate. Older children may need to be responsible for younger children.

- ☐ Steps for safety planning with children when violence takes place at home include the following:
  - Think of a person or people who could help
  - Give your children time to come up with their own solutions
  - Focus on what your children think they could do to keep themselves safe
  - Ask them who they think could help them and whether they would feel comfortable asking that person

- ☐ Children should know:
  - The safety plan may not always work
  - It's not their fault if it fails

- ☐ What are the warning signs (if any) you have when your partner is about to become abusive? Talk with your child about these warning signs. They might include times when your partner is arguing, raising his/her voice, name-calling or threatening. In talking to your child about their abusive parent, always stay focused on behaviors. You could say something like, "Sometimes your dad acts in ways that are scary, and when he does, we need to do things to try to stay safe."

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32 Adapted from: Crager, M. & Anderson, L. (December 2005). "Children Hurt Too: How You Can Help." Booklet available through King County Women's Program, DV/CPS Collaboration Project.

☐ Children can do many things to stay safe. A few examples might include the following:
- Go to their room or another room that is away from the abuse
- Leave the house and go somewhere safe: a neighbor's house, a relative's house or outside
- Stay out of the way; get as far away from the violence as possible
- Call 911 if there is a phone that's in a safe place
- Don't ever try to physically stop the violence

☐ Tell your child that he or she can't control the abusive person's behavior and that it is not their fault.

☐ Below are some simple ways to help kids when they have been in a home with domestic violence:
- Acknowledge that the violence happened and that you know it was hard for them
- Listen to them
- Talk about their feelings, if they want to
- Let them know it's not your fault
- Let them know you love them
- Let them know the violence is not okay
- Acknowledge it's hard/scary for them
- Accept that they may not be willing or able to talk about it right away
- Act in a way that is non-threatening and non-violent with your children
- Take them to counseling if they need it
- Set limits respectfully when your child is acting violent

☐ What happens when no one talks to children about the DV?
- Child learns that the violence is normal
- Child is afraid to talk about the violence
- Child is confused, doesn't understand
- Child blames her/himself
- Child learns to deny and not to talk about their own feelings
- Child learns that it's not okay to ask about the violence or discuss it
- Child may think the violence is his/her fault, or the DV survivor's fault

It's a lot scarier for children when no one ever talks to them about the domestic violence than it is to talk about it!

Safety Planning with Children [33]

This Safety Plan is for: _____

This page is for supportive caregivers to help their kids make a safety plan.

Who can I ask to help me be safe when there is violence in our home?
Name of Persons and their Phone Numbers (Neighbor, relative):

_____
_____
_____

What plan should I make with that person? (Example: That person will call the police when I call to say there is a problem between my Mom and Dad, or they will let me come to their house.)

_____
_____
_____

Where is a safe place for me to go when someone is acting in scary ways? (Example: our neighbor's house, a relative's house, etc.) (List names of people)

_____
_____
_____

If I can't leave, where is the safest place in my home to go? (Example: my bedroom, the basement, the bathroom)

_____
_____
_____

When should I call 911? What should I say?

_____
_____
_____

33 Crager, M. & Anderson, L. (December 2005). "Children Hurt Too: How You Can Help." Booklet available through King County Women's Program, DV/CPS Collaboration Project.

Appendix M

KING COUNTY COMMUNITY-BASED DV AGENCIES [34]

AGENCY	GENERAL SERVICES OFFERED
Abused Deaf Women's Advocacy Services (ADWAS) 8623 Roosevelt Way NE Seattle, WA 98115 Ph: (206) 726-0093 (TTY) F: (206) 726-0017 Crisis: (206) 236-3134 (TTY) www.adwas.org	ADWAS provides direct services, advocacy and counseling/therapy to Deaf and Deaf & Blind survivors of DV and/or SA, and their families; we also offer information and training to legal and medical professionals, thus, enhancing their cultural knowledge and enabling them to fulfill the needs of Deaf clients with skill and compassion. ADWAS operates transitional housing units, and operates the national domestic violence hotline for Deaf survivors.
Asian & Pacific Islander Women & Family Safety Center PO Box 14047 Seattle, WA 98114 Ph: (206) 467-9976 F: (206) 467-1072 Crisis: (206) 467-9976 www.apiwfsc.org	Asian & Pacific Islander Women & Family Safety Center conducts community organizing; outreach; education; information and referrals to advocacy, legal services, and housing; multi-lingual/cultural advocacy and linkage with Natural Helper support services; and technical assistance/training in response to domestic violence and sexual assault in Asian & Pacific Islander communities.
Broadview Emergency Shelter & Transitional Housing Program c/o Solid Ground 1501 N 45th St Seattle, WA 98103 Ph: (206) 694-6700	Broadview provides shelter and transitional housing in individual studio apartments. Services include shelter, one-on-one counseling, legal advocacy, children and youth services, health care access and referral, and a toll-free help line. On-site support groups include domestic violence, chemical dependency, parenting, and age appropriate children and youth groups. Transitional housing for women with children is provided on a sliding fee scale.
Catherine Booth House PO Box 20128 Seattle, WA 98102 Ph: (206) 324-4943 Fax: (206) 329-8219 Crisis: (206) 324-4943 (Shelter)	Catherine Booth House is operated by the Salvation Army and has a 28-day shelter program for survivors of DV; provides advocacy for legal, community, children's, parents', and chemical dependency programs; provides referrals, support groups, and counseling services; provides specialized support for older women and women in jail.
Chaya PO Box 12917 Seattle, WA 98111-4917 Helpline: (206) 325-0325 Toll free: 1-877-922-4292 Office: (206) 568-7576 www.chayaseattle.org	Chaya serves South Asian women in crisis, and mobilizes South Asians to address domestic violence issues in their communities. (South Asian refers to persons from Afghanistan, Bangladesh, Bhutan, India, Myanmar, Nepal, Pakistan, Sri Lanka, and Tibet). Chaya provides culturally-specific, multilingual advocacy services, information, referrals and peer support to women who call our 24-hour help line or who come to us through referrals. Chaya mobilizes within South Asian communities with the long-term goal of effecting systemic change through grassroots community building, outreach, and educational programs.

34 Adapted from the King County Coalition Against DV, Community DV Agencies Resource List, www.kccadv.org

AGENCY	GENERAL SERVICES OFFERED
Communities Against Rape and Abuse (CARA) 801 23rd Ave, S, Suite G1 Seattle, 98144 Ph: (206) 322-4856 (TTY) Fax: (206) 323-4113 www.cara-seattle.org	CARA uses community organizing, popular education, community-level intervention, and support/dialogue groups to increase community support for survivors of rape and abuse and sustain grassroots action to build safer and more peaceful communities. CARA works with all communities with a specific focus on Black communities, disability communities, and young people.
Consejo Counseling and Referral Services 3808 S Angeline Seattle, WA 98118 Ph: (206) 461-4880 Fax: (206) 461-6989 Crisis: N/A www.consejo-wa.org	Consejo Counseling and Referral Services is a community mental health clinic that provides mental health services for children and adults, vocational rehabilitation services, substance abuse prevention, intervention, and outpatient services for Hispanics living in the King County area. Consejo operates a domestic violence program that provides community advocacy, legal advocacy, and peer support groups. Consejo operates transitional housing programs for DV survivors and for homeless mentally ill clients.
Domestic Abuse Women's Network (DAWN) PO Box 88007 Tukwila, WA 98138 Ph: (425) 656-4305 Fax: (425) 656-4309 Crisis: (425) 656-7867 Shelter: (206) 622-1881 www.dawnonline.org	DAWN offers a 24-hour crisis line, a 25-bed confidential shelter, multiple extended stay units, and a community advocacy program (CAP). The shelter offers culturally appropriate advocacy services, medical care, mental health counseling, play and family therapy, chemical dependency support groups, women's groups, HIV testing and counseling, education, emotional support, access to computers, emergency cash assistance, information and referral, and children's advocacy and programming. The CAP offers DV education, safety planning, emotional support, legal advocacy, referrals, emergency cash assistance, motel vouchers, support groups (with child care), community education, professional trainings, and teen advocacy.
Eastside Domestic Violence Program PO Box 6398 Bellevue, WA 98008-0398 Business Phone: (425) 562-8840 Fax: (425) 649-0752 Crisis: (425) 746-1940 (800) 827-8840 www.edvp.org	EDVP services include a 24-hour crisis line, community advocacy (individual intakes, shared case advocacy, systems advocacy, education, professional trainings, and outreach), legal advocacy, support groups for women, children's groups, parent education groups, advocacy at the Eastgate welfare office, confidential shelter for women and their children, hotel vouchers, emergency shelter option through apartments, and rental assistance program for survivors transitioning in place. EDVP also provides a transitional housing program for women dealing with dual issues of safety and sobriety.
Jewish Family Services 1601 16th Ave Seattle, WA 98122 Ph: (206) 461-3240 Fax: (206) 461-3696	Jewish Family Services' DV Program, Project DVORA, provides advocacy-based counseling, legal advocacy, support groups for Jewish women, and Jewish healing rituals. It offers DV training, education and consultation to rabbis, other Jewish communal professionals, and the Jewish community at large. Project DVORA also consults with secular agencies to make their services sensitive to the needs of Jewish families, and collaborates across programs within Seattle JFS, assisting in screening for DV, consulting with therapists and case managers around individuals and DV situations, and coordinating training programs.

AGENCY	GENERAL SERVICES OFFERED
New Beginnings PO Box 75125 Seattle, WA 98175-0125 Admin: (206) 783-4520 Admin Fax: (206) 706-0291 24-hr Crisis: (206) 522-9472 www.newbegin.org	New Beginnings' DV programs include a 21-bed emergency shelter, a 17-unit transitional apartment building, and a community advocacy program offering a weekly chemical dependency/domestic violence group, parenting classes and six weekly support groups in four neighborhoods. Each program offers advocacy-based counseling, safety planning, legal advocacy, and services for children. Social Change program includes community presentations, professional training, and a teen educator who works with youth in schools.
Northwest Family Life Learning and Counseling Center (NWFL) 1015 NE 113th Street Seattle, WA 98125 Ph: (206) 363-9601 Fax: (206) 363-9639 24 hr Crisis: 866-427-4747 www.northwestfamilylife.org	NWFL provides survivor advocacy through women's support groups, children's play groups, and chemical dependency groups for women and teens. Survivor advocates provide safety planning and education and facilitate access to safe housing, medical care, childcare, legal and other services. A free legal clinic is offered on-site. NWFL is committed to community outreach and education aimed at raising awareness and reducing the incidence of violence. Work within the faith-based community (Christian women who have suffered abuse, clergy and congregations) is emphasized, but is not the exclusive focus of NWFL.
The Northwest Network of Bisexual, Trans, and Lesbian Survivors of Abuse (NW Network) PO Box 18436 Seattle, WA 98118 Ph: (206) 568-7777 TTY msg: (206) 517-9670 www.nwnetwork.org	The NW Network is a community-based, non-profit, social change organization. The NW Network provides safety planning, advocacy, counseling, support groups, basic legal advocacy and referrals to bisexual, trans, lesbian, and gay survivors of dating and domestic violence. The NW Network participates in community organizing efforts to end racism, homophobia, economic injustice, environmental injustice, and other conditions that perpetuate violence. The NW network provides community education, forums, and events, as well as training for social service providers and social change activists.
Refugee Women's Alliance (ReWA) 4008 Martin Luther King Jr., Way S Seattle, WA 98108 Ph: (206) 721-0243 Fax: (206) 721-0282 www.rewa.org	REWA services include ESL classes, early childhood and parenting education, youth services, citizenship classes, services for people with developmental disabilities, mental health counseling, and domestic violence program. The domestic violence program provides culturally appropriate multi-lingual advocacy in 14 languages to DV survivors, and operates a program for survivors of trafficking.
SeaTac Domestic Violence Prevention Program Business address: 17900 International Blvd. SeaTac, WA 98188-4236 Ph: (206) 973-4933 Fax: (206) 835-1304	The City of SeaTac has an advocate to provide domestic violence survivor advocacy services including safety planning, DV education, resource referrals, community outreach and education. These services are offered in a confidential location. The program also offers access to clothing bank, free toiletry program and a Christmas adopt-a-family program.

AGENCY	GENERAL SERVICES OFFERED
Seattle Indian Health Board 611-12th Ave. S PO Box 3364 Seattle, WA 98114 Ph: (206) 324-9360 x2806 Fax: (206) 324-8910 www.sihb.org	Seattle Indian Health Board's Domestic Violence Community Advocate Project seeks to raise the awareness of Native Americans, Canadian Natives, Alaska Natives, Aleuts and Eskimos living in the greater Seattle area to recognize the ill of DV. It also seeks to stop the violence by helping survivors find support services, free legal advocacy and renewed self-esteem. Privacy and confidentiality are honored at all times.
YWCA East Cherry 2820 E Cherry Street Seattle, WA Ph: (206) 568-7845 Fax: (206) 568-7851 Crisis: N/A www.ywcaworks.org	The goal of the E. Cherry YWCA DV program is to provide a safe, comfortable environment for women to address the abuse in their lives. The program offers support groups, individual counseling, public education, crisis intervention, and assistance through the legal system. The program offers services to all women who have experienced DV with specialized programs for African American women.
YWCA—South King County 1010 S 2nd Renton, WA 98055 Ph: (425) 226-1266 Fax: (425) 226-2995 Other housing programs: (425) 255-1201	The YWCA provides advocacy-based counseling, support groups, emergency resources and public education about domestic violence. Advocates meet survivors in a safe place anywhere in South King County. The YWCA's Anita Vista Transitional Housing Program is for families who have experienced domestic violence.

Appendix N

OTHER SERVICES FOR ADULT DV SURVIVORS

24 Hour DV Hotlines:

- **Domestic Violence Statewide 24-Hour Hotline: 1-800-562-6025** (Voice and TTY)
- **Domestic Violence Abuse Women's Network (DAWN): (425) 656-7867**
- **East Side Domestic Violence Program: (425) 746-1940**
- **New Beginnings: (206) 522-9472**
- **National Domestic Violence Hotline: 1-800-799-SAFE or 1-800-787-3224 TTY**
- **Domestic Violence Information Line: (206) 205-5555** (recorded information only)
- **King County Crisis Clinic: (206) 461-3222 or 1-866-4-CRISIS**

Sexual Assault 24-Hour Hotlines:

- **King County Sexual Assault Resource Center**
  24 hr Resource Line: 1-888-99-VOICE Main Office: (425) 226-5062
- **Harborview Center for Sexual Assault & Traumatic Stress:**
  (206) 744-1600 or (206) 744-1616 (TDD)
- **Abused Deaf Women's Advocacy Services (ADWAS):**
  (206) 726-0093 (TTY only) **or (206) 236-3134** (TTY Hotline)

Alcohol and Drug Helpline:

(206) 722-3700: This helpline provides crisis intervention and emotional support for those affected by addiction. The helpline offers information and referral to community resources and support groups, and refers to in-patient and out-patient treatment programs.

Community Information Line:

For information about community services available throughout the county, call **2-1-1** or **(206) 461-3200** or **(206) 461-3610 (TTY)**. This referral line connects people to local health and human service information, DV agencies, and referral providers.

Cultural and Language Assistance:

The Multi-lingual Access Project (MAP) is a collaborative of community agencies working together to assist women with little or no English to access domestic violence services that are linguistically and culturally specific. Funded by the City of Seattle Human Services Department, MAP seeks to reduce the number of, and tolerance to, DV incidents in multi-ethnic and immigrant communities, and to increase the responsiveness of mainstream communities to battered women and families. MAP accomplishes this through cultural and linguistically appropriate outreach, education collaboration and advocacy. A major focus is to expand the pool of language advocates by providing training for interpreters interested in DV. Through the Language Institute trainings, advocates are recruited to volunteer in the after-hours cell phone program implemented by Consejo and Refugee Women's Alliance (ReWA) and as language advocates at MAP member programs providing DV services. A recently launched MAP website provides DV information in 10 languages (Chinese, Korean, Amharic, Russian, Cambodian, Vietnamese, Tagalog, Somali, Hindi and Spanish). Emergency information cards containing basic information about safety planning, where to go for help, and where to access the Internet to view the MAP Website, are being developed. These cards, which are small enough for women to hide easily, will be distributed in women's restrooms, hair salons, doctor's offices and clinics. For more information about the MAP project, see www.map-seattle.org Participating MAP agencies include the following:

- **CHAYA:** http://www.chayaseattle.org/
- **Somali Women and Children**
- **Refugee Women's Alliance (REWA):** http://www.rewa.org/
- **Filipino Education Committee**
- **Chinese Information Service Center (CISC):** http://www.cisc-seattle.org/
- **Korean Community Counseling Center:** http://therapistunlimited.com/rehabs/US/WA/Seattle/Korean+Community+Counseling+Center
- **International Center for Health Services (ICHS):** http://www.ichs.com/
- **International District Housing Alliance – International Chinatown District Residents & Asian Pacific Islanders:** http://www.apialliance.org/
- **Consejo Counseling and Referral Service:** http://www.consejo-wa.org/aboutus1.htm
- **Asian Counseling & Referral Service (ACRS):** http://www.acrs.org/

Health Care Access:

The Community Health Access Program (CHAP) (206) 284-0331 or 1-800-756-KIDS. CHAP provides health, mental health and dental referrals for low-income women and children. CHAP provides information on DSHS Medicaid and Washington Basic Health Plan insurance programs.

Legal Information and Resources:

Eastside Legal Assistance Program: (East & Northeast King County) www.elap.org	(425) 747-7274
King County Neighborhood Legal Clinics: (Countywide)	(206) 267-7070
King County Protection Order Advocacy Programs: • **Northeast District Court/Redmond Division:** (M/W/F only) • **Regional Justice Center Kent Division:** • **King County Courthouse Seattle:**	 (206) 205-7012 (206) 205-7406 (206) 296-9547
King County Bar Association Lawyer Referral: (Ask for Domestic Violence assistance). http://www.kcba.org	(206) 267-7010
King County Family Law Facilitators: (Help with legal forms & information on legal procedures for parenting plans, child support, & family law issues).	(206) 296-9092 Seattle (206) 205-2526 Kent
Northwest Immigrant Rights Project: (Help for refugees or immigrants with immigration issues) www.nwirp.org	(206) 587-4009
Northwest Justice Project: (Ask for Domestic Violence assistance) http://www.nwjustice.org/ (Online legal resource directory)	(206) 464-1519 x 295
Northwest Women's Law Center: (Help with legal information & referral)	(206) 621-7691
Office of Support Enforcement: Child Support Resource Center	(206) 341-7000

Appendix O

DV SERVICES FOR TEENS

Crisis Intervention, Information and Referral:

- **Teen Link (1-866-TEEN-LINK)** offers a helpline operated by teen volunteers trained by Crisis Clinic from 6-10 pm daily. Teens calling this number when the helpline is closed will be transferred directly to Crisis Clinic for support from an adult.
- **Teen Line- Alcohol/Drug Help Line (1-800-562-1240)**. This line is staffed by teens Mon-Fri 3-9 pm. The services offered are not confined to chemical dependency issues.
- **Eastside Domestic Violence Program's (EDVP)** 24-hour crisis line **(425) 746-1940 or 1-800-827-8840.** EDVP provides teen resources and referral to Youth Eastside Services (YES) Dating Violence Program. YES is usually able to meet with a teen within 24 hours and will come to a school or teen center to make services more accessible. There are several general crisis lines available for youth, but most of them are not 24 hour lines, and those that are often go directly to voicemail instead of connecting with a live person.

Counseling Services:
As many as one in three teenagers have been sexually assaulted, with survivors often left struggling with emotional, behavioral and social difficulties in the aftermath. Counseling guides teens through the painful healing process, while therapy groups for teen survivors help them realize they are not alone. Youth Eastside Services provides counseling for teens who have been sexually abused or who are DV survivors. The Atlantic Street Center provides customized counseling services for youth to support them in coping with difficult issues like DV. The Atlantic Street Center also supports two family centers: New Holly Youth and Family Center and Rainier Beach Family Center. It is important to note here that family counseling is not recommended for youth who are seen in juvenile court until further risk assessment has been completed.

Peer Advocacy:
Trained staff coordinates with teen peer advocates to assist adolescents in ending or preventing dating violence, sexual assault, family violence and substance abuse, and to access appropriate resources such as crime victim compensation benefits, counseling, teen support groups, etc. Services are provided in King County schools. Consejo Counseling and Referral Services, Youth Eastside Services, Asian Counseling and Referral Service, and Chaya provide peer advocacy services.

Outreach and Education:
Educational presentations are provided at local high schools and middle schools on dating violence, healthy dating relationships, creating boundaries, sexual assault prevention, substance abuse, DV in families, and resources/referral information. Trained professional staff and peer educators provide outreach and education services throughout King County.

Support Groups:
Eastside Domestic Violence Program (EDVP) offers a weekly support group (called Voices) for youth ages 12-18 that have been exposed to domestic violence at any point in their life. Young women and young men are encouraged to seek support from their peers and group leaders. Call EDVP at **(425) 562-8840** or **1-800-827-8840** Monday thru Friday 8 am to 5 pm to join.

Prostitution Prevention Network:
This network works to reduce the prostitution and exploitation of youth and young adults through prevention, intervention and community education. Contact the Secure Crisis Residential Center at **(206) 587-0992**.

Appendix P

KING COUNTY CERTIFIED BATTERERS INTERVENTION PROGRAMS (BIP)

This list was incorporated into this guideline in 2010. For a complete and up-to-date listing of Washington State certified batterer intervention programs at the following website:
http://www.dshs.wa.gov/pdf/ca/perplist1.pdf

Program Name	Address	City	State	Zip	Phone	Certified From	Certified To
Morgan Counseling	4204 Auburn Way N. #8	Auburn	WA	98002	(253) 939-2243	7-1-09	6-30-11
Assessment and Treatment Associates	4508 Auburn Way N., Suite B	Auburn	WA	98002	(253) 205-8200	9-1-08	8-31-10
Valley Cities Counseling and Consultation	2704 "I" Street N.E.	Auburn	WA	98002	(253) 883-7444	6-1-09	5-31-11
Williamson and Associates	13606 NE 20th Street, Suite 104	Bellevue	WA	98005	(425) 643-2383	4-1-08	3-31-10
Associated Behavioral Health	1800 112th Avenue NE #150W	Bellevue	WA	98004	(425) 646-7299	2-1-09	1-31-11
Coastal Treatment Services-Resolve	14730 NE 8th Street	Bellevue	WA	98007	(425) 646-4406	3-1-07	2-28-09
Assessment and Treatment Associates	13353 Bel-Red Road, Suite 101	Bellevue	WA	98005	(425) 289-1600	12-1-07	11-30-09
Bartholomew and Associates	1750 112th Avenue NE, Suite B-218	Bellevue	WA	98004	(425) 635-0188	6-1-08	5-31-10
David Vandegrift	12356 Northup Way, Suite 110	Bellevue	WA	98005	(425) 223-6811	1-1-08	12-31-10
Program S.E.R.	445 ½ SW 152nd St.	Burien	WA	98166	(206) 293-2957	9-1-07	8-31-09
Spectrum Counseling and Assessment Svcs.	1511 8th Avenue SW	Burien	WA	98198	(206) 447-4727	6-1-08	5-31-10
It Takes a Village Family Services	1720 S. 341st Place, #C2	Federal Way	WA	98903	(253) 838-3111	11-1-08	10-31-10
Harmony Counseling	402 S. 333rd St, Suite 130	Federal Way	WA	98003	(253) 946-6828	4-1-09	3-31-11
Valley Cities Counseling and Consultation	33301 1st Way S.	Federal Way	WA	98003	(253) 661-6634	6-1-09	5-31-11
NW Family Life	801 S. 336th St.	Federal Way	WA	98003	(206) 363-9601	10-1-07	9-30-09
Asian American Chemical Dependency	24823 Pacific Hwy. S., Suite 108	Kent	WA	98032	(253) 941-2287	9-1-08	8-31-10
Counseling Services of WA	841 N. Central Ave., Suite 212	Kent	WA	98032	(253) 232-9096	3-1-09	2-28-11
Valley Cities Counseling and Consultation	325 W. Gowe	Kent	WA	98032	(253) 520-9350	6-1-09	5-31-11

Program Name	Address	City	State	Zip	Phone	Certified From	Certified To
Aby and Associates	PO Box 711	Kent	WA	98035	(253) 850-9523	7-1-08	6-30-10
Morgan Counseling	451 SW 10th Street, Suite 125	Renton	WA	98057	(425) 430-9548	7-1-09	6-30-11
La Esperanza	15 S. Grady Way, Evergreen Bldg.	Renton	WA	98055	(425) 743-9834	4-1-09	3-31-11
RVT Serenity Svcs.	401 Olympia Ave., Suite 319, Box 9	Renton	WA	98506	(206) 734-9745	3-1-08	2-28-10
Roland Maiuro	901 Boren, Cabrini Medical Tower, Suite 1010	Seattle	WA	98104	(206) 624-1856	6-1-08	5-31-10
NW Family Life	1015 NE 113th St.	Seattle	WA	98125	(206) 363-9601	8-1-07	7-31-09
NAVOS	PO Box 69080	Seattle	WA	98168	(206) 439-2616	8-1-08	7-31-10
Kane & Associates	2711 E. Madison	Seattle	WA	98112	(206) 723-8448	1-1-08	12-31-09
Sound Mental Health – Tukwila	c/o 1600 E. Olive St.	Seattle	WA	98122	(206) 302-2200	2-1-09	1-31-11
Associated Behavioral Health	2111 N. Northgate Way #212	Seattle	WA	98133	(206) 781-2661	2-1-09	1-31-11
Associated Behavioral Health	4700 – 42nd Ave SW, #480	Seattle	WA	98166	(206) 935-1282	2-1-09	1-31-11
Wellspring Family Services – Seattle	1900 Rainier Avenue South	Seattle	WA	98144	(206) 826-3044	6-1-08	5-31-10
It Takes a Village Family Services	1416 E. Yesler	Seattle	WA	98122	(206) 325-3143	1-1-09	12-31-10
Sound Mental Health – Bellevue	c/o 1600 E. Olive St.	Seattle	WA	98122	(206) 302-2200	2-1-09	1-31-11
Sound Mental Health – Auburn	c/o 1600 E. Olive St.	Seattle	WA	98122	(206) 302-2200	2-1-09	1-31-11
Sunrise Centers	12650 1st Ave. S.	Seattle	WA	98168	(206) 248-3006	3-1-09	2-28-11
Sound Mental Health – Seattle	1600 E. Olive St.	Seattle	WA	98122	(206) 302-2200	2-1-09	1-31-11
Zegree & Ellner	753 N. 35th St., Suite 201	Seattle	WA	98103	(206) 632-1870	3-1-08	2-28-10
Wellspring Family Services – Bellevue	c/o 1900 Rainier Avenue South	Seattle	WA	98144	(206) 826-3044	6-1-08	5-31-10
Anger Control Treatment and Therapies	PO Box 60211	Seattle	WA	98160	(206) 523-3933	8-1-07	7-31-09
Asian Counseling and Referral Service	3639 Martin Luther King Jr. Way South	Seattle	WA	98144	(206) 695-7600	7-1-08	6-30-10
Daun Sarapina DV Treatment	331 Andover Park E.	Tukwila	WA	98118	(206) 905-7656	3-1-09	2-28-11
Anger Control Treatment and Therapies –Tukwila	651 Strander Blvd., Suite 120	Tukwila	WA	98188	(206) 575-3935	7-1-09	6-30-11

Appendix Q

DOMESTIC VIOLENCE (DV) RESOURCES FOR CHILDREN AND YOUTH

This resource list describes some services and programs currently available for children and youth affected by DV. Please contact the agencies for further information about these programs.

Community Information Lines and Web Sites	
Crisis Clinic Hotline: Provides immediate crisis support and referral for DV and other emotional concerns. **24 Hour Service.** www.crisisclinic.org	**(206) 461-3222** **1-866-4-CRISIS**
Community Information Line: Provides referral for DV services, basic needs and other community supports.	**2-1-1** **(206) 461-3200**
Community Health Access Program: Provides referral for mental health, dental, child development, and health care providers. Provides referral for medical insurance programs.	**(206) 284-0331** **1-800-756-5437**
Family Help Line / Parent Trust: Provides information for parenting resources and family activities. www.parenttrust.org	**1-800-932-4673**
King County Coalition Against DV: Provides information on DV services and parenting/support groups for DV survivors and children. Provides information on DV training, conferences, and other community activities in King County. **www.kccadv.org**	**(206) 568-5454**
Teen Hotline: Provides crisis counseling and referral for DV concerns, Drug/Alcohol and other emotional support for teens. Hotline is available 8 am – 10 pm.	**(206) 722-4222**
Washington State Domestic Violence Hotline: Provides referral to DV programs and shelter services. **24 Hour Service.**	**1-800-562-6025**
Counseling/Therapy, Groups, and other Community Support Services	
Broadview Emergency Shelter & Transitional Housing Program PO Box 31209 Seattle, WA 98103 (206) 299-2500	**Broadview** is a facility providing emergency shelter (10 units), transitional housing (21 units), and support services to women, children and youth whose lives have been disrupted by family violence and other problems. Support services include on site crisis intervention, case management, advocacy-based counseling, legal advocacy, information, referral and long-term stabilization services. Broadview provides parenting support groups and information on DV effects on children and youth. **Broadview's Children's Program** is responsible for developing and implementing services and activities that respond to the unique needs of homeless children, youth and mothers residing at Broadview. The program serves children and youth; ages birth to 22. The program provides family time, swimming and age appropriate groups for children; childcare during adult groups and meetings; general advocacy (with school, CA/CPS, camps, healthcare providers, etc.); and assists with school enrollment, transportation, clothing bank, uniform assistance, and referrals to Family Support Workers

Consejo 3808 S Angeline St. Seattle WA 98118 (206) 461-4880	**Consejo's DV program** assists the mother and the children by providing necessary resources and support services. All Consejo staff are bilingual in Spanish and English, and are bi-cultural. Services are provided in the Seattle Office. Therapy/case management services provided through satellite offices in Bothell, Bellevue and Federal Way. Consejo offers parenting classes for DV survivors and provides tools to support the recovery of the children; Spanish Parenting for Mothers, (which is an ongoing parenting support group and clients can join the group any time); and, male and female teen support groups Consejo accepts Medical Coupon or Insurance and may provide some services to children at no cost
Domestic Abuse Women's Network (DAWN) PO Box 88007 Tukwila, WA 98035 *Community & Youth Advocate* (425) 656-4305 x249 *Kids Club* (425) 656-4305 x7	**DAWN** provides Kids Clubs, children's services in the shelter program, and participates in community research projects for DV survivors and children: These programs are described as follows: **Kids Club*** is an evidence backed national model developed by Dr. Sandra Graham-Bermann of the University of Michigan that has demonstrated the ability to increase a child's feeling of safety, decrease stress, improve communication, and increase school readiness. This program serves children ages 6 – 10, and groups held in a confidential South King County location. Eight weekly support group sessions are provided to help kids deal with past exposure to DV. DV survivors are involved and attend the sessions with their child(ren). Kids Club* is provided at no cost. **Children's Services through DAWN's House Confidential Shelter**: This program serves children birth to 18 years, who are residing at the DAWN shelter. Children's groups are provided with the focus on creating a peaceful environment where the children can share their experiences and engage in activities to learn about feelings, respectful behavior, self-esteem and anti-bullying behaviors through art, games and role playing. Enclosed Teen Room to provide space for teens ages 12 – 18, for private teen groups, individual privacy and support. New computers provided. The Children's Annex includes a quiet library space stocked with books specifically reviewed for content appropriate to children who have experienced DV. The program provides tutoring; childcare; enrollment in schools and daycare; individualized resources and support; field trips; and planned family activities. Parenting workshops with additional support are provided throughout the week **Play Therapy**: DAWN collaborates with the University of Washington to provide the opportunity for children ages 6 – 18 to participate in a research study testing the efficacy of how four specific play therapy interventions facilitate sharing and identification of feelings around the abuse the child has experienced.
East Cherry YWCA 2820 E Cherry St. Seattle, WA 98122 *Oriel Alfred* (206) 650-1720	**The Children's Domestic Violence Program** provides in-home counseling services for children who have witnessed DV and are currently living in a safe environment. This program serves central Seattle children, ages 3-17, who have witnessed DV. The program provides safety planning, conflict resolution, counseling, parenting support, and education materials on Children and DV. The program is provided at no cost.
Eastside Domestic Violence Program (EDVP) PO Box 6398 Bellevue, WA 98008 (425) 746-1940	**EDVP** provides parent support groups, children's support groups, and Kids Club*: **Parent Support Group** is a group that offers education and support to DV survivors. Participants discuss parenting challenges and learn new parenting techniques; discuss how DV affects children/parenting; and helps DV survivors gain confidence by learning new ways to approach parenting. The group is held at a confidential East King County location and is provided at no cost.

Eastside Domestic Violence Program Continued	**Children's Support Group** is offered simultaneously with parent support group, and serves children ages birth-11. Older children (4 years and up) focus on diverse activities with advocates that cover topics such as feelings, anger management, safety, self-esteem, healthy relationships and the violence they have witnessed in their homes. **Kids Club*** is an evidence-based national model developed by Dr. Sandra Graham-Bermann of the University of Michigan that has demonstrated the ability to increase a child's feeling of safety, decrease stress, improve communication, and increase school readiness. Kids Club is periodically offered in place of Children's Support Group. Mothers are involved and attend some of the Kids Club sessions with their child/children.
Jewish Family Service 1601 16th Ave Seattle, WA 98122 (206) 461-3240	**Project DVORA**: Domestic Violence, Outreach, Response and Advocacy Program provides advocacy based counseling to survivors, Jewish rituals in healing from DV, and outreach/education to Jewish community and secular program providers. Project DVORA provides Kids Club* children's groups for all religious/cultural backgrounds with co-current parenting group for families who have experienced DV. Kids Club is an evidenced backed national model developed by Dr. Sandra Graham-Bermann of the University of Michigan that has demonstrated the ability to increase a child's feeling of safety, decrease stress, improve communication, and increase school readiness. Serves children in two groups, ages 5-8 and 9-12.
Mental Health Referrals For referral to a local Medicaid provider: call the Community Health Access Project: (206) 284-0331. For referrals for private insurance, call the health plan.	**Mental Health Services**: Infants, children, and youth who exhibit behavioral or emotional problems, can receive mental health assessments, counseling and therapy. There are community-based agencies located throughout King County that provide services. When scheduling an appointment, ask for a clinician who has had training and experience in working with children exposed to DV. Many accept Medicaid and private insurance may also cover mental health services.
New Beginnings P.O. Box 75125 Seattle, WA, 98175 24 Hr Hotline (206) 522-9472	**New Beginnings** provides support to children and DV survivors through Kids Club* and Parenting classes. **Kid's Club*** is evidenced backed national model developed by Dr. Sandra Graham-Bermann of the University of Michigan that has demonstrated the ability to increase a child's feeling of safety, improve problem solving skills, and enhance social connectedness. Kids Club* is provided in ten weekly support group sessions, to children ages 5-12. This group help kids deal with past exposure to DV. Groups held in a confidential location in greater Seattle area at no cost. DV survivors are involved and attend three sessions with their child. **Parenting Classes for Women who are DV Survivors**: This weekly group provides parenting support to DV survivors. The group helps mothers understand impact of DV on children; teaches mothers how to talk and listen to their children about DV; and supports mothers in strengthening relationships with their children. Childcare is provided at no cost
Safe Havens Visitation Center Mailing Address: 220 4th Avenue South, Kent, WA, 98032 Main Phone: (253) 856-5140 Fax: (253) 856-6140 *Program Director:* *Tracee Parker* (253) 856-5074	**Safe Havens** provides a safe and accessible, culturally sensitive supervised visitation program for families affected by intimate partner abuse and violence. Safe Haven's philosophy of service is to increase survivor and child safety while decreasing opportunities for further abuse, regardless of which parent has custody. Safe Havens provides: • ONE HOUR VISITS, up to ONE TIME PER WEEK. There are no child age restrictions, although visits may be shortened for very young infants. • Services without a court order, but all clients are expected to abide by the guidelines and service agreements. Safety precautions include separate parking and entrances, staggered arrival and departure, one-on-one supervision by highly trained monitors, and in-person, in-depth intake interviews with each parent. • Services by appointment only. Call 253-856-5140 Wednesday through Friday to

Safe Havens Visitation Center Continued	schedule an appointment. Service hours are Wednesday through Friday, 2:00 PM – 7:00 PM and Saturdays, 10:00 AM – 6:00 PM. • Services located near the downtown Kent area, but will serve families living in other areas. It is required that visitation is between the custodial and non custodial parents, and that DV, sexual assault, child abuse, or stalking have been identified as a safety concern. • Sliding fee scale ($2 - $75 per visit) based on proof of income. One visiting parent is required to pay the visit fees (unless otherwise ordered by the court) but require a one-time, non-refundable intake fee of $25 for each parent. Scholarships can be requested to help cover the cost of the intake fee as needed.
Sound Mental Health ***Auburn*** 4238 Auburn Way N Auburn, WA 98002 (253) 876-7600 ***Tukwila*** 6100 Southcenter Blvd Tukwila, WA 98188 (206) 444-7800	Sound Mental Health is a community mental health agency that provides counseling to children and parents. Sound Mental Health also offers specialized **Children's Domestic Violence Response Team (CDVRT)**. This program utilizes a team model to offer integrated advocacy and mental health services, and is partnered with YWCA South King County, DAWN, EDVP and New Beginnings. The program serves children ages 3-13 who have witnessed DV. CDVRT provides evidenced-based therapy, such as TF-CBT and PCIT along with play therapy and Kids Club* DV groups The overall goals of CDVRT are to decrease trauma symptoms, increase resiliency and protective factors, address child's possible belief that the DV is their fault, and improve their social and relationship skills so that children can access social supports in the future.
South King County YWCA 1010 South 2nd Street Renton, WA 98055 *Kellie Rogers* (425) 226-1266 x1029 *Spanish Speakers:* (425) 226-1266 x1038 *Brochures:* (425) 226-1266	**The Children's Domestic Violence Program** provides in-home counseling services for children who have witnessed DV and are currently living in a safe environment. This program serves South King county children, ages 3-12, who have witnessed DV. The program provides safety planning, conflict resolution, counseling, parenting support, and education materials on Children and DV. The program is provided at no cost.
Wellspring Family Services Domestic Violence Intervention program 1900 Rainier Avenue S. Seattle, WA 98144 (206) 826-3044	**"DV Dads"** is A five-month program that meets twice per month for fathers, who have completed the weekly portion of their DV batterer's intervention program. This class is designed to equip batterers in understanding the impact their violence against their intimate partner has had on their children. This class is ongoing. This group is located in the Seattle office. Fees are based on a sliding scale. Medicaid and private insurance not accepted.
Youth Eastside Services (YES) 999 164th Ave. NE Bellevue, WA. 98008 (425) 747-4937	**YES** provides services to children affected by DV, ages 6-20. They provide individual and family counseling (not including the abuser), and case management services. YES serves children living in Kirkland, Redmond, Bellevue, and Sammamish areas for counseling or drug/alcohol services. YES accepts Medicaid and Medical Insurance, and offers Sliding Fee Scale.
Specialized DV Services For Teens	
Eastside Domestic Violence Program (EDVP) PO Box 6398 Bellevue, WA 98008 (425) 746-1940	**EDVP Voices Support Group** is provided weekly, at no cost, for youth who have been exposed to DV. The group serves youth ages 12-18, and provides a safe and fun environment for youth to share their experiences with peers and to provide support for each other. The group empowers youth to take a lead role in what they would like to accomplish in the group. Youth are able to join even if their parents are not using other services provided by EDVP.

Step-Up 1211 East Alder St. Seattle, WA 98122 (206) 296-7841	**Step-Up** provides group counseling for teens that have been violent with parents and other family members and is provided at no cost. The program serves youth ages 13-17, living in King County. Each group is divided into a session for both the parents and teens together, as well as a separate session for teens and parents. The focus for teens is on taking responsibility for their abusive behavior and developing new skills for resolving conflict. The focus for parents is getting support from other parents and developing new parenting skills. Interested parties can be referred by any outside entity and can self refer.
Youth Eastside Services (YES) Teen Dating Violence Program: 999 164th Ave. NE Bellevue, WA. 98008	**YES Teen Dating Violence Program** serves teens ages 20 and younger who are affected by DV. Teen Dating Violence Services includes crisis intervention, one-on-one counseling, group support, advocacy, peer outreach programs, and case management services. Teen Dating Violence program is provided to teens living in any geographical location, and is provided at no cost. YES also provides individual and family counseling (not including the abuser), and case management services. Serves up to age 19 for drug/alcohol counseling. YES accepts Medicaid and Medical Insurance, and offers a sliding fee scale.
Trauma Services	
Children's Response Center Services for Sexual Assault and Traumatic Stress 1120 112th Avenue NE #130 Bellevue, WA 98004 (425) 469-3384 (425) 454-1589 TDD	**Children's Response Center** provides trauma focused counseling / therapy for children experiencing emotional or behavioral symptoms, which includes the following: • Crisis support and intervention – available 24-hours from Harborview Medical Center Emergency Department after regular business hours • Evaluation and assessment for post-trauma reactions including witness to violence and physical abuse • Legal advocacy in cases where child involved in criminal proceedings • Medical advocacy and referral to care as appropriate • Coordination of care and referral for services with other DV, mental health, and teen service providers or other community support services • Serves DV survivors, family members, and children ages 3-17, residing in East and North King County outside Seattle city limits • Accepts Medicaid, Crime Victims Compensation (CVC), and private insurance. Harborview Charity Care program also available as appropriate
Harborview Medical Center Center for Sexual Assault and Traumatic Stress 401 Broadway Seattle, WA 98122 Mailing: 325 9th AVE, Box 359947 Seattle, WA 98104 (206) 744-1600	**Harborview Center for Sexual Assault and Traumatic Stress** provides counseling and therapy for children experiencing emotional or behavioral trauma symptoms, and includes the following: • Crisis Support and intervention available 24-hours from Harborview Medical Center Emergency Department after regular business hours • Has 24 hour crisis intervention availability by telephone • Provides evaluation for post-trauma reactions • Legal advocacy in cases where child involved in criminal proceedings • Medical advocacy and referral to care as appropriate • Coordinates care and refers for services with other DV, mental health, and teen service providers or other community support services • Serves children of all ages throughout King County • Services provided to survivors and their family members
King County Sexual Assault Resource Center 200 Mill AVE S, Suite 10 Renton, WA 98057 (425) 226-5062 24 Hr Line: 1-888-99-VOICE	**King County Sexual Assault Resource Center** provides counseling and therapy for children experiencing emotional or behavioral trauma symptoms and includes the following: • Crisis support and intervention • Has 24 hour crisis intervention availability by telephone • Provides evaluation for post-trauma reactions • Legal advocacy in cases where child involved in criminal proceedings

King County Sexual Assault Resource Center Continued	• Medical advocacy and referral to care as appropriate • Coordinates care and refers for services with other DV, mental health, and teen service providers or other community support services • Serves children of all ages throughout King County • Accepts Medicaid and Private Insurance • Services provided to survivors and their family members

Child Abuse or Neglect

To make a referral for Children/Youth with Abuse and Neglect Concerns call Washington State Children's Administration (CA) Intake: **King County <u>Daytime</u> CA Intake (Monday through Friday 8-5): 1-800-609-8764** **Statewide CA Intake (Evening/Weekends/Holidays): 1-800-562-5624**	CPS investigates reports of child abuse and neglect. Referrals accepted for investigation are assigned to a social worker who will interview the children and caregivers. The social worker completes a safety assessment and risk assessment for the family and makes findings for their investigation. The social worker can develop a safety plan with the caregiver and their children. For families eligible for CPS case management services resources can be made available for daycare, basic needs, and other supports.